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COMMITTEE ON THE RIGHTS OF THE CHILD

CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1992

Addendum

# ZIMBABWE

[23 May 1995]

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## Introduction

1. In 1990, the Zimbabwe Government ratified the United Nations Convention on the Rights of the Child and, as such, Zimbabwe became a State party to the Convention on 11 September 1990. As a State party, Zimbabwe has committed itself to respect and continue to observe the rights set forth in the Convention. One of the obligations of States parties to the Convention is the submission of reports on the measures adopted which give effect to the rights recognized in the Convention and on the progress made towards the enjoyment of these rights. The present report follows the general guidelines adopted by the Committee in that regard.

## Background and context

2. Zimbabwe, which gained independence in 1980, has made phenomenal progress to ensure the protection and survival of the rights of the child, particularly in health and education. The aim has been to improve the welfare of the majority of children whose protection and needs were not previously met due to the social inequalities wrought by the former colonial system. The Zimbabwe Government recognizes that the protection of the child is of particular importance as children are the future. As such, great strides have been made in the provision of the basic services to children and their protection in the last 14 years. Zimbabwe has made substantial achievements in the areas of education, health, family planning, population and small holder agriculture.

3. The concept of education for all and tuition-free primary education resulted in very high enrolment. At primary level enrolment increased from 1.2 million in 1980 to 2.2 million in 1990, while at secondary school level the enrolment was 74,000 to 671,00 respectively. As a result, the education budget as a proportion of recurrent expenditure rose from 14.8 per cent in 1980/81 to an estimated 23.1 per cent in the 1989/90 budget. The two education ministries had the largest budget allocation in 1993/1994 of Z$ 2.8 billion accounting for 33 per cent of voted provisions net Constitutional and Statutory Provisions and subsidies.

4. In the first decade of independence, a healthier population resulted from the provision of free health care, a dedicated programme of immunization and early child health care. The infant mortality rate dropped from 88/1,000 births in 1980 to 61/1,000 births by the early 1990s. Two thirds of children under one year are now fully immunized. Severe and moderate malnutrition aiming at under fives with 70 per cent standard weight for age has been reduced from 21 per cent (1980) to 12 per cent (1990). Life expectancy has increased from 56.7 years in 1982 to 62 years in 1986 and fertility has declined rapidly with the population growth rate standing at 3.13 per cent in 1992, from a figure of 5.62 in 1982.

5. In pursuance of the goal of health care for all by the year 2000, in the 1990/91 budget, the Ministry was allocated Z$ 458 million which represented an increase of 20 per cent on actual expenditures in 1989/90. In the 1993/94 budget, the Ministry was allocated Z$ 873 million which represented a 22 per cent increase over 1992/93.

6. Further, Zimbabwe has now launched the National Programme of Action for Children, which aims at ensuring the development and survival of children in the 1990s. The Programme, which is a follow-up to the World Summit for Children, viewed the 27 major and supporting goals which were established at this Summit and categorized them into the areas of health, nutrition, living environments, education and the protection of children in difficult circumstances. Through this Programme, resources will be mobilized and programmes targeted at children coordinated and strengthened as an integral part of the Government of Zimbabwe's National Development Plans and Policies.

The economic context

7. Since 1980, the Zimbabwean economy has been experiencing uneven rates of growth. The average annual growth rate of 3.2 per cent between 1980 and 1990 was barely above the population growth rate. Investment has been barely adequate to maintain the capital stock. Accompanying the erratic economic growth was the very low rate of employment creation which has seen less than 10,000 jobs created in the formal sector annually in the last 10 years and the unemployment rate reaching 26 per cent in 1989.

8. During the 1980s, inflation averaged 15 per cent per annum, while extensive price controls were maintained and the exchange rate overvalued. These inflationary pressures stemmed mainly from a central government deficit in excess of 10 per cent of GDP for much of the decade. The persistent large fiscal imbalance has been caused by high government spending, rather than inadequate resource mobilization, with government revenue rising from 25 per cent of GDP in 1980/81 to 38 per cent in 1990/91. Total expenditure rose from 33 per cent of GDP to 49 per cent of GDP over the same period.

9. The poor economic growth rate of 3.2 per cent between 1980 and 1990 resulted in stagnant or declining per capita incomes indicating falling standards of living. Although per capita income expressed in 1980 prices rose from Z$ 438 in 1980 to Z$ 472 in 1982 it had declined to Z$ 470 by 1989. On average, this meant that Zimbabweans in 1989 were worse off than they were in 1982. Investment levels fell from 15.5 per cent of GDP in 1980 to 10.7 per cent of GDP in 1989 in real terms. Gross investment is estimated to have fallen even below depreciation levels leading to many industries operating far below capacity.

10. Government seized the opportunity to introduce an Economic Reform Programme that encompasses fiscal and monetary policies. This entails moving away from a highly regulated economy to one where market forces play a greater role within the context of government objectives. The Economic Reform Programme is an integral part of the Second Five-Year National Development Plan (1991-1995) which spells out the broad policy objectives which are:

(a) Improvement in living conditions and reduction of poverty;

(b) To achieve a rate of growth of GDP significantly higher than the population growth;

(c) To increase and restructure investment through the revitalization of investment in the productive sectors, primarily by the private sector;

(d) To expand and liberalize trade; this involves the implementation of the Open General Import Licensing (OGIL) system in a phased manner for the importation of goods and introduction of direct local market allocations to the industrial and commercial sectors and new entrants;

(e) To establish public finances by progressively reducing the budget deficit to 5 per cent of GDP by 1994/95. To reduce the budget deficit, focus will be on expenditure reduction, particularly recurrent expenditures and on cost recovery measures;

(f) To reduce inflation rates, that is, the Government will create conditions for lowering inflation without resorting to price and wage controls;

(g) To create employment through economic revitalization, encouragement of labour-intensive industries, small-scale economic activities and self-employment schemes;

(h) To promote population planning, emphasizing family planning and improvement of health and educational facilities throughout the country, particularly in rural areas;

(i) To continue to expand the economic base and income-generating capacity of the rural areas through the advancement of communal farming and improvement of the rural economic and social infrastructure;

(j) To promote measures to arrest the deterioration of the environment.

11. The economy improved over its performance in 1990, growing by 3.6 per cent in real terms in 1991 compared with 2 per cent in 1990. Although the performance was an improvement over 1990, the rate of growth was just above the population growth rate estimated to be over 3 per cent. The low growth was attributed to low agricultural output largely as a result of below average rainfall and the depressed international market which affected exports.

12. Agriculture grew by only 3.1 per cent in real terms in 1991. Output in the manufacturing sector rose by 2.5 per cent in the same year, with the highest increases recorded in the textiles, drinks and tobacco subsectors. Foodstuffs, including stockfeeds, grew moderately and the largest declines were in chemicals and oil products. The mining sector grew by 5.4 per cent overall in real terms while the transport and communications sector grew by 2.3 per cent.

13. The effects of the drought of 1992 (considered to be the worst in living memory) on the economy had serious implications for the performance of the overall economy. The economy declined by 8 per cent of GDP in real terms in 1992. In per capita terms, real incomes fell by about 10 per cent in 1992 from their level in 1991. Agricultural output fell by 35 per cent, manufacturing by 9.5 per cent and mining by 5.5 per cent in real terms. The manufacturing and mining sectors were adversely affected by a combination of the drought, world recession, reduced domestic demand following a fall

in real incomes, shortage of local inputs, shortage of water and power and the tight monetary conditions necessitated by a high rate of inflation. Drought expenditure by the Government for the 1991/92 financial year totalled Z$ 600 million. This included subsidies in respect of maize amounting to Z$ 500 million. The rest included food relief, child supplementary feeding and urgent expenditure provision of water supplies. This drought-related expenditure had not been originally budgeted for.

14. The rate of inflation peaked at almost 50 per cent in August 1992 when the annual average rate was 39.2 per cent. The high rate resulted from the high level of government expenditure necessitated by the drought, the transitional effects of adjustment as companies responded to price decontrol and shortages of essential commodities. The inflation rate averaged 24.2 per cent in 1993. In January 1994 inflation further decreased to 18.5 per cent, however, the current rate is at 23.5 per cent (May 1994).

15. The public sector will provide infrastructure for investment to be undertaken by the private sector - both large and small scale. The public sector will also carry out additional responsibilities of increasing the participation of indigenous people in productive activities as well as pioneer areas of economic activity in which the private sector may be reluctant to venture.

16. The Government effected targeted measures to partially offset the negative impact of the tight monetary policy on investment, exports and economic activity. These measures include:

(a) Provision of finance for the free distribution of seed packs, fertilizer and pesticides to communal areas and assistance with tillage;

(b) Financing of drought-related commitments;

(c) Provision of Z$ 100 million at concessional rates of interest to assist small- to medium-scale enterprises (SMEs).

17. In March 1993, the Government approved a policy document on measures to support the development of small- and medium-scale indigenous enterprises. The measures include:

(a) Creation of a legal environment;

(b) Introduction of a comprehensive entrepreneurship development programme in colleges and universities;

(c) Provision of mandatory laws requiring big companies to subcontract 30 per cent to competent SMEs;

(d) Government control through the Reserve Bank to influence financial institutions to direct resources to SMEs;

(e) Review of the reduction of tax levels;

(f) Formation of a facility to rescue SMEs in distress.

18. The investment climate was given a boost by the unveiling of new investment incentives in April 1994. The new incentives include permission for foreign investors to invest on the Zimbabwe Stock Exchange, an increase in Export Retention Scheme (ERS) entitlement to 50 per cent of export proceeds, increased dividend remittance and a mechanism for providing gold loans. These incentives are likely to result in increased foreign and domestic investment in the country.

19. Given the initial adverse impact of the economic structural adjustment programme and the drought on people's welfare, the Government has made provision to lessen the burden on vulnerable sections of the population. Social services which have been affected by cost recovery measures fall under the Social Development Fund (SDF). The SDF has two components - a social welfare programme, administered by the Department of Social Welfare in the Ministry of Public Service, Labour and Social Welfare, and an employment and training programme which is administered by an interministerial committee headed by the Ministry of Public Service, Labour and Social Welfare.

20. Under the social welfare programme, low income families are aided in buying food, paying for schooling and meeting health-care costs. Rural areas have been exempted from the new primary-school fees, while the threshold below which medical care will be provided without cost has been raised. However, despite the fee exemption, other costs related to education remain high in the rural areas. With price hikes due to the deregulation of prices and removal of subsidies on certain essential goods such as maizemeal and bread, those in need of assistance, as determined by the Department of Social Welfare, will be provided with a cash return from the Government.

21. Some of the problems which have been faced by the SDF include targeting of vulnerable groups and the accessibility of the service. For example, only urban low income families were eligible for food money, while rural people were only entitled to drought relief. In terms of school fees, many headmasters are not conversant with the eligibility criteria used for school fees assistance. This has led many of them to adopt their own criteria which tended to be highly selective. The use of posters and the print and electronic media for creating awareness of the service among vulnerable groups is only now becoming effective in reaching the rural communities. Further, the number of documents required in order to access the services, e.g. birth certificates, has proved cumbersome for most categories of vulnerable groups. In most cases eligibility criteria are learnt through verbal instructions and circulars. Accessibility of the services has also been a major problem. The further away one gets from the urban centres, the more difficult it becomes to gain access to the services as the applicant has to travel further to make an application.

Table 1. Zimbabwe basic indicators

| | |
|---|---|
| Land area | 390,275 square kilometres |
| Total population<br>0-14<br>15-64 | 10.4 million (1992)<br>47.7 per cent<br>49.1 per cent |
| Sex ratio | 95 males per 100 females |
| Population growth rate (1982-92) | 3.13 per cent |
| Total fertility rate (1992) | 5.41 |
| GNP per capita (1991) | Z$ 2,274.84 |
| Real GDP growth (1992) | - 8 per cent |
| Real GDP growth (1993) | 3 per cent |
| Inflation rate (May 1994) | 23.5 per cent |
| External debt (1991/92) billion | US$ 3.2 billion |
| Debt service as a percentage of exports (1993) | 30.2 per cent |
| Infant mortality rate (1990) | 61/1,000 |
| Under-five mortality rate (1990) | 87/1,000 |
| Maternal mortality rate (1990) | 120-150/100,000 |
| Life expectancy at birth (1986) | 62 years |
| Per capita health expenditure (1990) | US$ 42 |
| Estimated number of people infected with HIV (1993) | 900,000 |
| Total number of AIDS cases (1994) (cumulative number since 1987) | 33,063 |
| Adult literacy rate (1991) cent women | 71.7 per cent women<br>84.3 per cent men |

Summary

22. In order to identify the progress made so far and the constraints encountered in achieving the realization of the obligations undertaken by Government in the Convention on the Rights of the Child, a committee made up of government officials and NGO representatives and headed by the Ministry of Health and Child Welfare was set up to coordinate the reporting process. This committee was divided into subcommittees working on the five areas as outlined under the sections below. Findings of all subcommittees delineated the measures taken to harmonize national law and policy with the Convention, monitor progress made in ensuring this harmony and the constraints they had met in guaranteeing that the laws were implemented. It was generally agreed that, in theory, the present laws do cover the rights of the child as stipulated in the Convention. However, in practice, it was difficult to monitor the enforcement of these laws.

Definition of the child, general principles and civil rights and freedoms

23. A child under the Legal Age of Majority Act and the Children's Protection and Adoption Act is defined as a person under the age of 18 years. This definition falls in line with that of the Convention.

24. While the Constitution, the Children's Protection and Adoption Act and the Guardianship of Minors Act cover the general principles, civil rights and freedoms, the main problem has been in implementation. This has been hampered by cultural and religious practices, societal attitudes and parental discipline and control. The fact that most family issues go unreported has limited the consideration of the general principles, civil rights and freedoms by the legal system. A case in point is the Apostolic Faith sect's refusal of immunization and curative medical health care for their children. In this regard, difficulties have also been encountered in ensuring that abandoned children and refugee children and orphans are assured identity.

25. The enforcement of protection of children from harmful information through the appointment of a Censorship Board has remained problematic, as children still have access to censored material from video clubs and even in their homes.

Family environment and alternative care

26. Most articles of the Convention falling under this section are covered by common law, although not specifically directed to children. The implementation and monitoring of these provisions have been problematic as most of these issues are responsibilities to be undertaken within the family unit and thus difficult to monitor closely. This is particularly so in the case of abuse and neglect. Although State-supported foster care facilities are available, cultural factors and ignorance by the general public of their existence renders them less effective and only caters for a limited number of children.

Basic health and welfare

27. Zimbabwe has made great strides in the provision of basic health and welfare since independence. Primary health care has been the main aim of the Government and through this programme two thirds of children under one year were fully immunized by the early 1990s. This led to a drop in the infant mortality rate from 88/1,000 live births in 1980 to below 61/1,000 live births by 1990. In the same period, the under-five mortality rate was reduced from 104/1,000 to 87 per 1,000.

28. There has been an increase of households with access to safe drinking water in communal areas and resettlement areas from about 35 per cent in 1980 to 74-83 per cent in 1990. Communal area households with access to safe sanitation in the form of Blair Ventilated Improved Pit (VIP) latrines has increased from 4 per cent in 1980 to 21 per cent in 1990.

29. Most of the articles of the Convention under which basic health and welfare falls are being covered by the Zimbabwe National Programme of Action for Children. However, all sectors have encountered severe budgetary constraints in ensuring full and effective implementation. The introduction of health fees and the drought have affected the accessibility of health services to lower income groups, particularly in rural areas. Trends in public financing of health in Zimbabwe show that the Ministry of Health (MOH) real expenditure grew from Z$ 58.4 million in 1979/90 and reached a peak of Z$ 170.4 million in the 1990/91 fiscal year; it has since declined to Z$ 135.3 million in the 1991/92 fiscal year. Real per capita recurrent expenditure on health has followed a similar trend, declining from Z$ 18.17 in 1990/91 to 16.03 in the 1991/92 fiscal year and to 13.71 in the 1992/93 fiscal year.

30. Although social assistance for health-care needs from the Department of Social Welfare is provided to vulnerable groups (those earning below Z$ 400 per month), this has not been fully successful. There is a problem in targeting the right groups; accessibility to the service still remains difficult for some and an applicant has to prove that he/she is earning below Z$ 400 per month to be exempt from paying health fees. Most importantly, the income level below which one becomes eligible for SDF assistance remains too low as many of those earning over Z$ 400 per month still face great difficulties in paying for health care.

31. The Government is now finalizing a policy document on poverty alleviation which will target the most vulnerable for assistance in a variety of areas, i.e. health, education and food.

Education, leisure and cultural activities

32. The Government has since independence transformed the education system by affording an opportunity for all to attain at least primary school-level education. Certainly by the 1990s, educational enrolment at primary level had almost doubled from the 1980 level. However, with the Economic Reform Programme, education is no longer free and affordable although it is still

considered universal. Recent amendments to the Education Act reflect the Government's commitment to education. Curriculum development has been under way to influence a change in attitude of both educators and parents.

33. Although the child's right to participate in leisure and play are not covered by any legislation, these are considered an important aspect of child development. The Youth and Sports Council was created to encourage play and leisure as an aspect of school curricula. Unfortunately, budgetary constraints limit the implementation of these programmes in schools where play and leisure should be emphasized.

Special protection measures

34. The Refugee Act covers all refugee children in Zimbabwe and affords the entire refugee population with a standard of living similar to that of Zimbabwean citizens. Accommodation, food and social services are provided as best as reasonably possible through the Department of Social Welfare (art. 22 of the Convention).

35. In terms of article 38 of the Convention, whose concern is children in armed conflict, there is no specific recruitment age into the armed forces that is stipulated within the law. The direct recruitment of children under 18 years of age into the army is prohibited by the National Service Act of 1979. The Act provides for 18 years as the lower age limit for recruitment into regular national service and 18 years for emergency national service.

36. No specific provisions are made under the Constitution with respect to children in conflict with the law, but under the law they are afforded fair hearing when charged. The Children's Protection and Adoption Act provides for a juvenile court whose procedures are at the discretion of the magistrate, but are not without the regard of the child. Although special provisions for sentencing juveniles are embodied in the Criminal Procedure and Evidence Act, there is no specific protection for juveniles against life imprisonment. Children under 14 years of age cannot be prosecuted without the Attorney-General's authority and in practice this age group is dealt with outside the criminal court.

37. With regard to children in situations of exploitation, child labour is not specifically prohibited by law although it shifts the duty of ensuring that child labour does not occur on to the parents.

38. Zimbabwe has begun to experience an increase in the numbers of street children, who do small jobs for self-sustenance.

39. The Ministry of Public Service, Labour and Social Welfare and the International Labour Organization are currently engaged in research on child labour.

40. Children are protected from drug abuse and from other harmful substances by the Children's Protection and Adoption Act. Street children are more vulnerable to such drug abuses and there is difficulty in enforcing the law. The Ministry of Health and Child Welfare is currently taking steps to ensure

that the level of alcohol in medicines is reduced. Zimbabweans are increasingly becoming aware of the dangers of drug abuse. There is need for multidisciplinary action to cope with this problem.

41. The Children's Protection and Adoption Act covers corruption of children, i.e. allowing, causing or coercing children to engage in sexual acts, prostitution and pornographic performances, but remains weak in implementation. Most abuses go unreported and thus not recorded or acted upon.

42. The abduction or kidnapping of any person is considered a common law offence and adoption for financial gain is prohibited by the Children's Protection and Adoption Act. Consideration is being given to adopting the Hague Convention on Civil Aspects of International Child Abduction.

43. All children belonging to different racial, ethnic and religious groups are provided for by the Constitution. They enjoy all rights and fundamental freedoms.

## I. DEFINITION OF THE CHILD, GENERAL PRINCIPLES, CIVIL RIGHTS AND FREEDOMS

44. Under the Children's Protection and Adoption Act [Chap. 33] a child is defined in section 2 as any person (including infants) under the age of 16 years. On the other hand, under the Legal Age of Majority Act, 1982, any Zimbabwean under the age of 18 years is a minor. A person between the age of 16 years and 18 years, though a minor, is defined as a young person under the Children's Protection and Adoption Act. It has been suggested that the Children's Protection and Adoption Act should now be amended to reflect only one age, i.e. 18 years in order to avoid confusion.

Minimum ages

45. There are areas of law where minimum ages are established. Whatever minimum age is set, it is noted that children are deemed to have limited capacity to act and therefore can only act with parental consent. Currently, legislation is under consideration to amend the Labour Relations Act and set a minimum age of 16 years for employment.

46. Under the Education Act, 1987 (No. 5 of 1987), every child has a right to education, though education is not compulsory. The minimum age at which a child can attend primary school is six years in terms of section 4 of the Act.

47. Under the Labour Relations Act, 1985 (No. 16 of 1985), it is presumed that the minimum age for employment is 16 years. The presumption is based on the provisions of section 11 of the Act which provide that if anyone below the age of 16 years enters into a contract of employment, even with the consent of the parents or guardian, or even if the child is expressly or tacitly emancipated, the contract is not enforceable except in the case of apprenticeship. There is no legislation that specifically sets out the minimum age.

48. The Criminal Law Amendment Act [Chap. 58] forbids sexual intercourse with girls below the age of 16 years. Though boys are protected under common law (criminal injury/indecent assault and sodomy) it is desirable to amend the Act so as to afford boys the same protection.

49. Although under common law, boys can marry at 14 and girls at 12, legislation prohibits such marriages. Section 11 of the African Marriages Act [Chap. 238] forbids pledging of girls and women. Section 23 of the Marriages Act [Chap. 37] sets the minimum age at 18 years for boys and 16 years for girls. For anyone below these ages to marry, the Minister of Justice, Legal and Parliamentary Affairs must give his approval in terms of section 23 [Chap. 37] of the Marriages Act and the parents must consent to the marriage. Child pledging of those between 12 and 16 is covered by section 3 of the Criminal Law Amendment Act [Chap. 58] which forbids sexual intercourse with any child under the age of 16 years. Part II of the Children's Protection and Adoption Act also affords protection by declaring pledging as a form of child abuse. It has been argued that if we are to adhere to the principle of non-discrimination then the minimum age for marriage should be the same for boys and girls and that it be set at 18 years.

50. Zimbabwe has signed the instrument of accession to the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and it has been transmitted to the United Nations. The marriage laws in Zimbabwe are largely in conformity with the provisions of the Convention, especially as regards minimum age for marriage and the betrothal/pledging of young girls.

51. The minimum age for voluntary enlistment and conscription into the armed forces, as provided by section 27 of the Defence Act [Chap. 94] and National Service Act No. 19 of 1979, is 18 years.

52. All children can give evidence in court. However, the court must be satisfied that a child can draw the distinction and appreciate what it means to tell the truth. The court may direct proceedings to be held in camera if it is in the interests of the welfare of a child. This is provided for by section 187 of the Criminal Procedure and Evidence Act [Chap. 59].

53. The general principle is that no child under the age of 7 years is capable of committing crimes. Between 7-14 years there is a rebuttable presumption that a child is incapable of committing a crime. Boys under the age of 14 years are deemed incapable of having sexual intercourse and therefore incapable of rape, but may, however, be found guilty of indecent assault. The protection of the identity of juveniles on trial is provided for by section 186 of the Criminal Procedure and Evidence Act which provides for the trial of a juvenile to be held in camera.

54. There is no restriction on the imposition of life imprisonment or custodial sentence in respect of minors. On conviction for a minor offence, a child is usually taken to a probation home if the sentence imposed is custodial. Section 13 of the Constitution provides that a person may only be deprived of his liberty by authorization of the law.

55. The minimum age for consumption of alcohol and other controlled substances is 18 years as provided in section 79 of the Children's Protection and Adoption Act and 18 years under section 176 of the Liquor Act. This has been difficult to enforce as children have easy access to alcohol and drugs despite the fact that liquor shops are prohibited from selling alcoholic substances to persons below the age of 18 years. Drugstores and pharmacies are also prohibited from selling controlled drugs and substances to persons under the age of 18 years. It is necessary for parents to teach their children of the harmful effects of alcohol and drugs.

General principles

56. Article 2 of the Convention enshrines the principle that the rights prescribed must apply to everyone without discrimination of any kind. An amendment to the Constitution is under consideration to explicitly prohibit discrimination on the grounds of sex, among other things.

57. Generally speaking, the common law and existing legislation dealing with maintenance, divorce, matrimonial causes, adoption, custody, institutional care, etc. are governed by the principle that the best interests of the child concerned (art. 3) must be paramount. The relevant pieces of legislation are

the Maintenance Act [Chap. 35], the Matrimonial Causes Act 85 (Act 33 of 85), the Maintenance Orders (Facilities for Enforcement) Act [Chap. 36], the Children's Protection and Adoption Act [Chap. 33] and the Guardianship of Minors Act [Chap. 34].

58. The Social Welfare Department is empowered by part III of the Children's Protection and Adoption Act to place a child who is being abused into a home. The parent is compelled to assist financially in looking after that child whilst he/she is in a home.

59. Section 12 of the Constitution affords protection of the right to life (art. 6). Additionally, common law imposes criminal sanctions against infanticide. In 1990 the Infanticide Act was enacted and this Act created the statutory offence of infanticide (see also the Concealment of Birth Act [Chap. 57]). However, some argue that because the maximum sentence for this offence has been reduced it affords less protection for the child's right to life. The Termination of Pregnancy Act permits abortion only in limited circumstances.

60. Respect for the views of the child (art. 12) is covered by section 20 of the Constitution which provides that no person shall be hindered in the enjoyment of his freedom of expression - that, is freedom to hold opinions. However, because of the cultural and societal attitudes and concepts of parental discipline, children are not always awarded the freedom to air their views freely. There seems to be a communication breakdown between parents and children because of contradictions that arise from the conflict between modern and traditional value systems.

Civil rights and freedoms

61. Section 7 of the Constitution, Citizenship of Zimbabwe Act of 1984 and the Births and Deaths Registration Act of 1986 provide for name and nationality (art. 7). Citizenship is available to children born of refugee parents, lawfully resident in Zimbabwe. Whilst the legal provisions are there for the registration of births and deaths, communities in remote areas still find it difficult to obtain birth certificates, and are then disadvantaged when applying for any form of assistance from the State, e.g. school and health fee exemptions. Efforts are under way to set up registration of births points at schools and clinics in order to make the process less expensive for the ordinary person.

62. It has, however, been difficult to ensure that abandoned children and refugees do have a secure identity. It is easy to give them first names. The problem arises with second names. Many people in Zimbabwe find it difficult to adopt and give their names to abandoned and refugee children because of adverse social and cultural beliefs. Section 7 of the Constitution Citizenship of Zimbabwe Act of 1984 and the Births and Deaths Registration Act of 1986 provide for preservation of identity (art. 8). (See also para. 61 above.)

63. Freedom of opinion (art. 12) and freedom of expression (art. 13) are covered, subject to parental discipline, by section 20 of the Constitution.

64. Section 20 of the Constitution recognizes the right to receive and impart ideas and information without interference (art. 17). A Censorship Board has been appointed in terms of the Censorship and Entertainment Control Act [Chap. 78] to limit access to material which is harmful to children. Unfortunately, there is no control over access to video cassettes in video shops. There are now a number of publications targeted at children, which also provide an avenue for children to have their views heard. Examples of these publications are the "New Generation Newspaper" and "The Teenager", run by non-governmental organizations and distributed in schools. The print and electronic media also provide children's spots/corners, but a lot more needs to be done to provide children with forums to express their views on issues of importance to them, and to get information which is appropriately packaged for their use.

65. Section 19 of the Constitution affords detailed protection concerning freedom of thought, conscience and religion (art. 14). The section provides that no person shall be hindered from the enjoyment of his/her freedom of conscience, that is, the freedom of thought and religion. The Government has encountered problems with religious practices that impede child health and freedom of expression. An example is the Apostolic Faith sect's refusal to accept immunization and medical health care. Within this sect, children are also married off to members without their consent. However, some ministers of this sect are beginning to accept immunization and medical care.

66. Article 21 of the Constitution provides for freedom of association and of peaceful assembly (art. 15). It affords protection for the right to assemble freely and associate with other persons, belong to political parties or trade unions, or any association for the protection of one's interests.

67. Freedom of privacy (art. 16) is largely covered by sections 17, 18 and 20 of the Constitution as well as the common law governing injuries to dignity and reputation. When monetary damages are awarded in cases of seduction of children, it is generally the father or guardian who benefits. It has been suggested that a fund should be set up where such monies are placed for use by the children concerned when they reach majority.

68. Section 15 of the Constitution adequately provides against cruel, inhuman or degrading treatment or punishment (art. 37 (a)). Section 15 (3) (b) of the Constitution provides that moderate corporal punishment on those below 18 years of age is not inhuman and degrading. The issue of corporal punishment remains controversial, however, as the principle of "best interests of the child" is in conflict with the administering of corporal punishment.

Enforcement of rights

69. Under section 24 of the Constitution, a person may apply to the Supreme Court if his/her rights have been, are being or are likely to be contravened. This extends to children, bearing in mind the general principle that the children can only make such an application under the direction of the guardian.

70. The High Court is the uppermost guardian of all minors. This is the main reason why minors apply to the High Court to be married if their guardians refuse to give their consent. Money inherited by a child is placed in the Guardian Fund and administered by the Master of the High Court.

71. Where a violation of the provisions of legislation cited in this report call for penal sanction, certain procedures have to be followed. First, the violation is reported to the police. After carrying out their investigations, the police refer their findings to the Attorney-General, who decides whether or not to prosecute. In the affirmative, the matter is usually brought before the Magistrate Court. If the Court convicts the violator, it imposes the penalty prescribed for such a violation.

Constraints

72. Basically, the provisions of the Convention are provided for in the legislation. The main constraint to full enjoyment of these rights is that both parents and children are not aware of their rights. It is therefore necessary to do more to make all people aware of these rights and the legal remedies available when the rights are violated. The other constraint is that the courts are not easily accessible to everyone. In order to engage a legal practitioner for the best presentation of one's case, one must have the necessary funds and few people have this money.

Progress being made

73. Attempts have been made to bring the law to the people. Both Government and NGOs like the Legal Resource Foundation initiated projects on legal rights education for the masses. The media are also playing an important role in bringing cases of child abuse, sexual harassment, abandonment and infanticide to the public's attention. Government policy is that those who are in need of free legal advice and assistance should get assistance. At present, the Legal Aid and Law Promotion Section of the Division of Policy and Legal Research in the Ministry of Justice, Legal and Parliamentary Affairs is rendering free legal advice and assistance to those in need. The Legal Assistance and Representation Act [Chap. 66] provides for the granting of legal assistance to indigent persons appearing in any of the courts of Zimbabwe on criminal charges. Where it appears to the court or the Attorney-General that an accused needs legal assistance in conducting his defence, a certificate will be issued entitling the accused to have a legal practitioner assigned to him. The remuneration of the practitioner shall be met by the State.

74. In terms of Order 5 of the Magistrates Court (Civil) Rules, 1980, as published in Statutory Instrument 290 of 1980, a pauper who desires to sue or defend an action may make an application to the court for legal assistance. If the applicant has a prima facie right of action or defence and the court is satisfied that he is a pauper then a legal practitioner will be assigned to him. The same applies in the High Court in terms of Order 44 of the High Court (General Division) Rules, 1971.

Proposed legislation

75. At present, the Government is deciding whether to adopt the Hague Convention on the Civil Aspects of International Child Abduction 1990 into domestic law. The Convention offers an international mechanism for ensuring the return of a child abducted in violation of custody rights.

76. In terms of section 9 of the proposed Child Abduction Bill, the High Court may make a declaration that the removal of any child from, or his retention outside Zimbabwe would be wrongful. Interaction between the Attorney-General of Zimbabwe and the foreign country will be necessary for the return of the child to Zimbabwe or vice versa. The proposed bill is therefore in line with article 35 of the Convention on the Rights of the Child.

77. At present there is a Legal Aid Bill being tabled before the Cabinet Committee on Legislation for approval of principles on legal aid assistance.

Monitoring mechanisms

78. Reports on Conventions need to be comprehensive, reviewing legal, judicial and administrative practices and policies and providing economic and cultural indicators. As this is a daunting task, the Government has set up an Inter-Ministerial Committee on Human Rights and Humanitarian Law. The Committee was established in 1993 and is chaired by the Ministry of Justice, Legal and Parliamentary Affairs. The other members of the Committee are the Ministries of Home Affairs, Foreign Affairs, Public Service, Labour and Social Services, National Affairs, Employment Creation and Cooperatives, Defence, and the President's Office.

79. The Committee's other responsibilities are to advise Government on international instruments which need ratification, and for those ratified, to see to what extent they have been fully incorporated into domestic law. The Committee also has the responsibility of publicizing the instruments that Government has ratified.

80. Consideration is being given to the creation of a national human rights institution which would include both government ministries and non-governmental organizations, as it is recognized that NGOs have an important role to play, particularly in the area of human rights education and in carrying out needed research.

## II. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

Parental guidance (art. 5)

81. Common law in Zimbabwe recognizes the rights, duties and responsibilities of parents and guardians to provide parental guidance to children. Parents are expected under common law to ensure the implementation of any rights provided to children by common or State law. In addition, where any constitutional or other legal rights of a child are infringed, Zimbabwean common law gives the parent or guardian the right to act against the perpetrator of that breach of rights.

82. Section 2 (c) and (d) of the Children's Protection and Adoption Act [Chap. 33] protects children from parents and legal guardians who are unfit and who cannot exercise proper care or control over their children by defining them as "children in need of care" and therefore needing the protection of the State.

83. Socio-economic factors in some cases inhibit parents or guardians from exercising their duties and responsibilities properly. The disintegration of the extended family has also contributed to inhibiting parents or guardians from exercising their responsibilities. It has left some of the roles which were performed within the extended family without an alternative in the nuclear family.

84. As far as catering for the child's evolving capacities is concerned, the Ministry of Education and Culture established an Early Childhood Education and Care Programme, headed by a Community Development Officer who liaises with parents in all regions and other members of the community.

85. As part of its implementation priorities, the Government should enhance the economic capacity of each family to enable the parents to perform their roles fully. Government and NGOs should also initiate community-based services to meet the gap created by the disintegration of the extended family.

Séparation from parents (art. 9)

86. The Children's Protection and Adoption Act empowers probation officers and police officers to remove children from their parents if such children are abused or neglected.

87. The Guardianship of Minors Act allows for a parent, or another person, to apply through the court for the sole guardianship and custody of a minor where parents are separated or divorced. However, there is a provision for the other party to contest the sole guardianship and courts always request social welfare officers' reports to ensure that the best interests of the child are catered for. The Department of Social Welfare is staffed by professionals who are quite aware of the importance of getting opinions from all interested parties in child welfare cases before decisions are made. The child's opinion, depending on his/her evolving capacities, are taken into account.

88. Contact between children and their parents in separation situations is always maintained and encouraged.

89. Unfortunately, some abuse or neglect cases are never reported to the relevant authorities. Further, probation officers have limited capacity to properly follow up each and every case. Some communities are not aware of available resources. Some of the implementation priorities will be awareness creation among communities to report child abuse or neglect cases to the relevant authorities and the recruitment of more probation officers to implement effectively the Statutory Child Protective Measures.

Family reunification (art. 10)

90. Section 22 of the Constitution of Zimbabwe is of some relevance in this regard to the extent that it provides for the freedom of movement, including the right to enter and to leave Zimbabwe. One of the difficulties encountered, however, is that in Zimbabwe, a child up to the age of 16 cannot hold a passport of his own and therefore it can restrict the freedom of movement from one parent to the other where parents reside in different States.

Illicit transfer and non-return (art. 11)

91. There is no specific law, or bilateral or multilateral agreement in Zimbabwe that provides for the right of protection against illegal transfer of children. However, in Zimbabwe, a child cannot be removed from the country by any person other than his legal guardian or parent. Further, the courts may deny a person who has custody of the child the right to remove the child from the country if it is found to be against the best interests of the child. Any person who removes a child without the parent's/guardian's consent may be found liable for the criminal offence of abduction and kidnapping under common law.

92. To a limited extent, part IV of the Children's Protection and Adoption Act [Chap. 33] also contains measures to combat kidnapping or retention of children abroad.

93. There is need for Zimbabwe to become a signatory to the relevant international laws to enable the Government to retrieve children who have been illegally removed from Zimbabwe.

Parental responsibilities (art. 18)

94. The Children's Protection and Adoption Act is all about safeguarding the interests of children. The Guardianship of Minors Act empowers the State to put children in the custody of the parent who serves the best interests of a child. The Maintenance Act of Zimbabwe, which is non-discriminatory, ensures that both parents share the responsibilities for the upbringing and development of the child, in separation or divorce cases.

95. Parents with financial difficulties are assessed for public assistance under the Social Welfare Assistance Act. However, many people are not aware of the financial assistance provided by Government in terms of public assistance. In other instances, deserving cases are not accessible to welfare services. NGOs play a vital role in the provision of material and moral support to parents in child-rearing.

96. In Zimbabwe, it is the State's responsibility to register and supervise crèches in terms of section 32 of the Children's Protection and Adoption Act and nursery schools under the Nursery Schools Act. Due to the economic recession in the country, most parents, even those in employment, are having difficulties in affording available child-care services. Regular inspections are carried out by the State Officer to ensure that terms of registration are kept. Private children's homes are also registered under section 32 of the Children's Protection and Adoption Act [Chap. 33] and are regularly inspected by probation officers. The State also administers places of safety, remand homes, institutions and training centres for those children deemed in need of care and those children who have committed offences.

97. Difficulties include non-payment of maintenance allowance, which is usually delayed or not honoured. Also, some institutions are still staffed by untrained personnel who at times jeopardize the intended purpose of such centres. However, efforts through the Zimbabwe Council for the Welfare of Children (ZCWC) to offer in-service training to child-care workers has assisted to some extent. Shortage of staff in the Department of Social Welfare has also hindered the capacity of the existing staff to reach each and every needy case.

98. In terms of implementation priorities, there is need for stricter law enforcement measures as far as payment of maintenance allowances are concerned. Garnishee orders should be automatic once the other party is in formal employment.

99. There is no doubt that the welfare approaches inherited at independence, dependent on highly trained staff of social workers and psychologists, were adequate for the needs of a small minority white population; these approaches have proved inadequate when faced with the needs of the vast majority of both rural and urban poor. The Ministry of Labour, Manpower Planning and Social Welfare is now looking at more pro-active approaches to issues of poverty, through the development of community-based mechanisms.

Abuse and neglect (art. 19)

100. Part II, section 7 of the Children's Protection and Adoption Act makes it an offence punishable by law for a parent or legal guardian to ill-treat, neglect or abandon their children. Further, the Ministry of Education and Culture has a circular on child abuse and neglect which details the forms of abuse teachers should be on the alert for, and how to deal with cases of abuse when they arise. The State recognizes that child abuse or neglect can be a direct result of poverty. The Social Welfare Assistance Act enables destitute families to get special assistance from the State.

101. The Children's Protection and Adoption Act also provides for the police and probation officers to remove a child from any place where he/she is being ill-treated or neglected to a place of safety and to bring that child before a juvenile court. The court will then make an inquiry into the case and make its decision on the appropriate action. The Children's Protection and Adoption Act provides for the establishment of remand homes and institutions by the Minister of Public Service, Labour and Social Welfare to provide care for such children.

102. Cases of child abuse and neglect are apparently on the increase in the country, mainly due to the present economic situation. This has resulted in Social Welfare staff failing to cope with the workload and overcrowding in the existing homes and institutions.

103. There is need for awareness creation of children's rights and encouragement of community-based approaches to the protection and rehabilitation of children in especially difficult circumstances.

104. There are currently studies being carried out on the various forms of child abuse, and it appears that the common forms of child abuse are sexual in nature, with many children being abused by close family members or those in a responsible position over the child's welfare.

Children deprived of a family environment (art. 20)

105. According to section 2 of the Children's Protection and Adoption Act [Chap. 33], children described in article 20 are deemed "children in need of care". The State usually arranges alternative care for such children and for those juveniles with criminal tendencies. They are placed in registered or certified institutions, foster care or are adopted if the parents or legal guardians consent to it. When a child is put in a place of safety, the State takes into consideration that child's background and religion to enhance continuity in the child's development process. There is, however, a shortage of children's homes and rehabilitation institutions as demand becomes greater. Further, not many people are willing to become foster parents. As a result, many such children spend the rest of their young lives in institutions.

106. The Government's goals for the future will be to encourage community-based rehabilitation of children in need of care through community education awareness and to encourage more people to become foster parents while ensuring that foster fees are increased to meet the inflationary rates.

Adoption (art. 21)

107. This article is well covered under Zimbabwean law but intercountry adoption is not embodied.

108. The Children's Protection and Adoption Act says that adoption may only be authorized by competent authorities, with informed consent from the persons concerned. Only a probation officer is authorized to act as guardian ad litem of a child in adoption. The same Act stipulates that adoptive parents should not obtain financial gain from the adoption.

Periodic review of placement (art. 25)

109. Section 25 (1) of the Children's Protection and Adoption Act empowers the Juvenile Court to review its orders at any time where an order was made in terms of section 21 of the same Act. At present, the maximum period a child can be permitted to remain in an institution or a home without court review is three years. Difficulties have been encountered in that due to shortage of staff in the Department of Social Welfare, reviews are not carried out

regularly. The Department of Social Welfare in conjunction with the Ministry of Justice, Legal and Parliamentary Affairs is, however, trying to amend the maximum period of review to two years.

Recovery of maintenance for the child (art. 27, para. 4)

110. The Maintenance Act provides for regulations to be made for the payment of maintenance by a person living abroad but who has financial responsibility for a child in Zimbabwe. Some parents are, however, not aware of this extraterritorial facility as far as issues of maintenance are concerned. Also, some parents do not honour orders from the courts. There is need for awareness creation among communities of the existing extraterritorial facilities as far as maintenance allowance issues are concerned. Zimbabwe will need to enhance such international agreements as well as making other appropriate arrangements. Zimbabwe maintains extraterritorial arrangements on maintenance issues with a number of States and territories.

## III. BASIC HEALTH AND WELFARE

111. The mandate of the Ministry of Health and Child Welfare is to promote the health and quality of life of the people of Zimbabwe. In pursuing this mission the Ministry is committed to the following five principles:

(a) Equity in the delivery of health care;

(b) Primary health care;

(c) Priority health issues;

(d) Quality in health services; and

(e) Health promotion.

112. This section covers survival and development (art. 6, para. 2), children with disabilities (art. 23), health and health services (art. 24). Generally, Zimbabwe has made great strides towards child survival and development through legislative action on specific policies on health, education, agriculture, etc., before and after the ratification of the Convention. A number of pieces of legislation are in place to ensure the implementation of these articles. Section 12 of the Constitution of Zimbabwe affords protection of the rights of all citizens to life. Other legislation which protects the survival and development of children and access to health and health services include the following: Children's Protection and Adoption Act [Chap. 33]; Education Act 1987, 1991; Medical, Dental and Allied Professionals Act [Chap. 224]; Zimbabwe National Family Planning Act No. 1 of 1985; Public Health Act; Guardianship of Minors Act [Chap. 34] of 1961, section 3 (4); Maintenance Act [Chap. 35]; Maintenance Orders (Facilities for Enforcement) Act [Chap. 36]; Termination of Pregnancy Act No. 29 of 1977; Disabled Persons Act 1992; Labour Relations Act, 1985.

### Survival and development (art. 6, para. 2)

113. A number of measures and programmes have been put in place to administer and implement legislation aimed at the survival and development of the child. Implementation of these measures and programmes has also included the participation of local and international non-governmental organizations and Church-related organizations.

114. The aim of the Expanded Programme of Immunization (EPI) is the immunization of all children under one year against the six killer diseases. In the 1988 and 1991 Maternal and Child Health and Family Planning Surveys it was reported that coverage for all antigens among infants under one year was higher than the Universal Childhood Immunization goal of at least 80 per cent as reflected in the table below:

Table 2. EPI coverage rates by survey 1988 and 1991

| Antigen | 1988 | 1991 |
|---|---|---|
| BCG | 89.0% | 91% |
| DPT3 | 79.0% | 89% |
| OPV3 | 79.0% | 88% |
| Measles | 76.0% | 87% |

Source: Demographic Health Survey 1988 and Maternal and Child Health and Family Planning Coverage Survey 1991.

115. Under the Diarrhoeal Disease Control Programme 90 per cent of mothers knew the recipe for salt and sugar solution (SSS) - the home-based recipe for the prevention of dehydration - by 1994. The Programme is now concentrating on the correct amount of fluid to be given and the correct preparation of SSS. Other recipes which are less expensive are being developed.

116. The Acute Respiratory Infections (ARI) Control Programme was launched in 1987 by the Ministry of Health. As ARI is the number one cause of ill health in children, with diarrhoea as the number two cause, the emphasis of the Programme in 1992 was on the early detection and correct management of severe cases through training of health workers. Since 1993 the focus of the programme has been on community education and mobilization.

117. The Rehabilitation Programme's aim is to detect disability early in life in order to rehabilitate and where possible integrate the affected child into normal school and society. Children comprise a large proportion of patients to whom the programme is aimed. Community-based rehabilitation projects have been started in several districts. A national register has been established for severely disabled children.

118. The Health Education Unit in the Ministry of Health and Child Welfare in conjunction with other relevant Ministries such as Education has developed health-related materials for the Child-to-Child Teaching Programme in an attempt to rapidly disseminate information and understanding of health issues to schoolchildren. Health promotion campaigns have been promoted to enable families to understand issues of basic hygiene, good nutrition, etc. This has been largely facilitated by the moderately high adult literacy rates (77.3 per cent in 1993).

119. The Zimbabwe National Family Planning Council (ZNFPC), which provides family planning services through informed choice with emphasis on couples of high risk category, also offers Family Life Education and Services to youths. The Council is heavily supported by the Government of Zimbabwe.

120. A National Nutrition Unit was set up in 1981 to protect and promote health in general by improving the nutritional status of the people of Zimbabwe through intersectoral action within the context of primary health care. The Unit carries out a number of activities to promote good nutritional status and health for all age groups and vulnerable groups, especially children under the age of five, as well as pregnant and lactating mothers,

school-age groups and the elderly. During the 1992 drought, considered the worst in living memory, the Unit coordinated Government efforts to provide supplementary feeding for the under-fives, pregnant and lactating mothers and schoolchildren.

121. A National AIDS Control Programme was established. In the four-year period between 1989 and 1993, there was a total of 4,054 reported AIDS cases of children under five years of age. Over the same period the figures stood at 205 cases and 590 cases for the 5 to 14 and 15 to 19 year age groups respectively. While the figures for 1992 by gender were similar among the under fives and the 5 to 14-year-olds, this changes dramatically among the 15 to 19 year age group with girls accounting for 150 out of a total of 182 cases. See tables below.

Table 3. AIDS cases by age group, 1989-1992

| AGE GROUP | 1989 | 1990 | 1991 | 1992 | TOTAL |
|---|---|---|---|---|---|
| 0 to 4 | 295 | 882 | 716 | 1 086 | 2 979 |
| 5 to 14 | 3 | 26 | 31 | 60 | 120 |
| 15 to 19 | 40 | 107 | 99 | 182 | 428 |
| 20 to 29 | 439 | 1 283 | 1 339 | 2 270 | 5 331 |
| 30 to 39 | 365 | 1 174 | 1 260 | 2 492 | 5 291 |
| 40 to 49 | 100 | 414 | 527 | 1 024 | 2 065 |
| 50 to 59 | 28 | 199 | 202 | 396 | 825 |
| 60+ | 0 | 35 | 65 | 144 | 244 |
| Unspecified | 41 | 242 | 318 | 526 | 1 448 |
| TOTAL | 1 311 | 4 362 | 4 557 | 8 180 | 18 731 |

Source: National Public Health Laboratory.

Table 4. AIDS cases by age group and gender, 1992

| AGE GROUP | FEMALE | MALE | UNKNOWN | TOTAL | PERCENTAGE |
|---|---|---|---|---|---|
| 0 to 14 | 504 | 573 | 9 | 1 086 | 13.4 |
| 5 to 14 | 34 | 26 | 0 | 60 | 0.73 |
| 15 to 19 | 150 | 32 | 0 | 182 | 2.22 |
| 20 to 29 | 1 243 | 1 023 | 4 | 2 270 | 27.7 |
| 30 to 39 | 936 | 1 554 | 2 | 2 492 | 30.5 |
| 40 to 49 | 321 | 702 | 1 | 1 024 | 12.5 |
| 50 to 59 | 96 | 300 | 0 | 396 | 4.9 |
| 60+ | 25 | 118 | 1 | 144 | 1.8 |
| Unspecified | 192 | 302 | 32 | 526 | 6.4 |
| TOTAL | 3 501 | 4 630 | 49 | 8 180 | 100 |

Source: National Public Health Laboratory.

122. The Environmental Health Programme includes the following subprogrammes:

(a) The Malaria Control Programme was started in 1948 in Zimbabwe and it has been continuously expanding its activities. The initial thrust was primarily aimed at "preventing epidemics" until mid-1993 when a new strategy of reducing mortality and morbidity was adopted, with decentralization of activities to provincial levels and its incorporation into the primary health-care system. Malaria remains one of Zimbabwe's major health concerns in many parts of the country. It contributed to about 20-30 per cent of outpatient attendance of the age group five years and above and occupied fourth to sixth position among children below five in 1987 and 1989. With improved management it now ranks eighth, as indicated in the 1992 outpatient figures as shown in table 6;

(b) According to the Zimbabwe National Programme of Action for Children, 74 per cent of people in communal and 83 per cent of people in resettlement areas have access to safe water. In urban areas this figure is much higher with 100 per cent coverage. In terms of sanitation, as of 1990, 21 per cent of rural households had access to a VIP latrine, in urban areas access was 100 per cent and in commercial farming areas the coverage was not known. Given the fact that Zimbabwe is drought prone, Government, with the assistance of NGOs and donors, is making efforts to ensure that all communities are assured of safe drinking water within walking distance. As an integral part of the programme hygiene education is being taught to mothers and communities, as diarrhoeal diseases remain a major cause of child deaths. Recent outbreaks of cholera have also resulted in health education materials being produced by Government with donor assistance;

(c) The Farm Health Worker Programme was established in the early 1980s in one province but by 1993 had spread to all eight provinces in the country. The main aims of the Programme are to address the health problems amongst farm workers and commercial farms, through promotion of primary health care and promotion of preschools, adult literacy classes and women's development. The Programme is unique as the people are recruited and paid for by the individual farmers, trained by Government and funded by NGOs such as Save the Children's Fund (UK). The major donor of funding for health programmes in the commercial farming sector is SIDA. As at the beginning of 1993 a total of 3,050 farm health workers had been trained as more and more farmers began to see the benefits of having primary health-care programmes run on their farms;

(d) The Traditional Birth Attendants (TBA) Programme was established in Zimbabwe in 1983. The Traditional Birth Attendants still make a significant contribution to the deliveries of mothers in Zimbabwe and will do so for some time to come. These Traditional Birth Attendants are now receiving training in order to reduce perinatal mortality and morbidity, prevent infection during antenatal care (ANC), labour and the puerperium, give knowledge on general nutrition and hygiene, and to equip TBAs with skills to identify the high-risk mother and to utilize the referral system. Over 32,000 Traditional Birth Attendants have been trained so far. The training programme is currently being evaluated for its effectiveness.

123. All the above-mentioned measures have ultimately resulted in the substantial reduction of infant and child mortality and morbidity and in the improvement of the primary health-care delivery system.

124. A number of monitoring strategies have been put in place to ensure that programmes achieve their targets. The following strategies have been adopted since the implementation of the programmes:

(a) The Maternal and Child Health (MCH) and Family Planning (FP) surveys are conducted on a regular basis and their main aim is to assess progress and constraints. The MCH and FP surveys conducted in 1991 revealed that the aim of achieving universal child immunization of 80 per cent for each of the four vaccines has been reached at national level. However, the coverage varies considerably in individual districts. The success of the immunization programme has resulted in reduced child deaths;

(b) A National Health Information System (NHIS) has also been developed and included are the clinic-based nutritional surveillance, diarrhoea disease monitoring, immunization coverage, maternal mortality, infant mortality and family planning. Clinic-based nutrition surveillance is included in this;

(c) Community-based surveillance systems have been established in a number of programmes:

(i) A community-based growth monitoring surveillance was established in the communities during the drought period of 1991/92 and these are being continued in order to assess the impact of the Child Supplementary Feeding Programme as the drought is perennial in some parts of the country;

(ii) A community-based sentinel site surveillance was put into place by the end of 1992 through the Ministry of Public Service, Labour and Social Welfare. The purpose of this is to monitor how the vulnerable groups are coping with the economic reforms in the areas of health, education, and the general standard of living. The survey conducted in 1992 revealed that children in food shortage households had a slightly higher rate of acute respiratory infections than the other children. Because of this and other reasons the Government has contributed to the Child Supplementary Feeding Programme in targeted areas;

(iii) According to the Zimbabwe Health and Demographic Survey (ZDHS) of 1988, over 90 per cent of women initiate breast-feeding, although only 10 per cent exclusively breast-feed for the first four to six months of the infant's life. Zimbabwe is a signatory to the Innocenti Declaration of 1990 aimed at the protection, promotion and support of breast-feeding;

(iv) Better nutrition is being monitored and promoted through intersectoral collaboration with food and nutrition management committees established and functioning at various levels, from national to village level, and chaired by the Agricultural Extension Service (Agritex) and health-providing secretariat services. In 1990, the number of under-fives with less than 75 per cent weight for age (WFA) was 12 per cent.

125. In spite of the progress made by Zimbabwe in the area of health provision there have been some general constraints which have affected the smooth implementation of the health programmes. These include some of the following:

(a) The advent of AIDS and the current economic situation are hindering progress on the above-mentioned measures. As a result, the rate of decline of infant and child mortality has slowed;

(b) The drought of 1992 and the Economic Structural Adjustment Programme (ESAP) are also drawbacks to much of the expected progress in child survival and development programmes. There is a dilemma in that, whilst the Government would like to guarantee child survival and development, it has had to re-introduce fees for health services and education, as part of the cost recovery programme under ESAP;

(c) A Social Development Fund has been established to alleviate the effects of ESAP. It will assist disadvantaged children and adults with payment of health fees;

(d) There is also a general lack of resources to pursue some of the desired programmes, and the Ministry of Health and Child Welfare is now investigating ways in which the health services can be maintained in the face of ESAP.

Children with disabilities

126. A National Disability Survey conducted in 1982 revealed that 140,000 children in the 0-15 year age group were disabled. The Ministry of Health and Child Welfare Rehabilitation Programme has a mandate to detect disabilities as early as possible in order to rehabilitate the affected children and to integrate them into the mainstream of society. Every effort is being made to facilitate the integration of children with disabilities into schools and to train them for employment and independence in adult life (art. 23).

127. In order to ensure that people with disabilities, including children, are afforded their human and civil rights, the Government came up with the Disabled Persons Act in 1992. The Act seeks to protect people with disabilities from any form of discrimination and to ensure their equality and rights to participate in health, education and have access to all other facilities that other citizens of the country enjoy.

128. Children with different disabilities such as those who are blind, mentally handicapped, hearing impaired, children with deformities and not able to fend for themselves are included in this programme, whose aim is to

rehabilitate the children within their communities. Community-based rehabilitation activities have been expanded to reach children with disabilities living in remote areas of the country and rehabilitation facilities have been expanded to cover all districts of the country. Awareness of prevention of disability and services available have increased and positive attitudes towards disabilities are being promoted. All these programmes are meant to empower children by focusing on their "abilities" rather than their "disabilities". The Zimbabwe National Programme of Action for Children also has as one of its main objectives the protection and rehabilitation of all children in difficult circumstances, within the framework of the family and the community.

129. The Ministry of Education and Culture has a policy of education for all which includes children with disabilities. A special education unit was established in the department of Schools Psychological Services in 1983 to plan and provide services for children with disabilities. The Government is making efforts to meet the education needs of children with disabilities, through training of special teachers and provision of equipment and materials to schools which have children with disabilities. Training courses are conducted for primary health care workers, rehabilitation assistants and special education teachers. The Ministry of Health and Child Welfare has deployed 300 rehabilitation technicians who train children with disabilities and their families on how to cope with activities of daily living as well as to make the necessary adaptations to their homes in order to create a more friendly, suitable and accessible environment. Orthopaedic services manufacture low-cost appliances to improve mobility of children with disabilities. Wheelchairs and other special equipment such as Braille books and hearing aids are obtainable through collaboration with other ministries and non-governmental organizations involved in the rehabilitation of people with disabilities.

130. As a monitoring strategy, an effective referral system has been set up whereby children with disabilities from villages can and are being seen at whatever level of the health care system is appropriate to their needs. Follow-ups are also being carried out in order to ensure that the needs of these children are met. The overall approach of the Ministry of Health and Child Welfare, which is to strengthen services at primary level, will continue to be one of the most important factors in preventing disabilities. The number of children under five disabled by polio and measles has been reduced due to the expanded programme of immunization (EPI) activities.

131. In recognition of the fact that integration of children with disabilities into the mainstream schools and society at large requires the cooperation of all people involved in the integration process from community level right through to central planning level, a forum to facilitate this cooperation was established by Government in 1988 in the form of an Inter-Ministerial Committee for rehabilitation.

132. The Government's interest in matters concerning handicapped people has gathered momentum since 1980. The Ministry of Health and Child Welfare established the Rehabilitation Unit in 1981 and a programme to expand services

to reach the disabled population throughout Zimbabwe was launched. The Unit works closely with the Department of Social Welfare, the Ministry of Education and Culture, Community Development and NGOs.

133. There are many organizations that deal with disabilities. Some are very large and deal with different types of disability while some deal with only one type. Some of these organizations offer services, while others offer support. Many receive grants from the Government.

134. By November 1989, the Ministry of Health and Child Welfare had initiated eight Community Based Rehabilitation (CBR) projects - one in each province. In 1992, 20 CBR projects had been initiated in all provinces. The Ministry also has an orthopaedic workshop at Parirenyatwa Central Hospital in Harare.

135. It should be noted that the Government alone does not have enough resources to ensure that the provisions of the Act are properly implemented and to ensure that there is equal participation. NGOs of and for persons with disabilities are working in partnership with the Government to ensure that the provisions of the law are put in place. Zimbabwe has a tradition of active NGOs which have been working with people with disabilities. The Jiros Jiri Association is one such group which has done much to improve the plight of people with disabilities. Zimbabwe is also fortunate as persons with disabilities have also organized themselves into an association which lobbies for the interests of its members, i.e. the National Council for the Welfare of the Disabled.

136. Unfortunately, the integration of children with disabilities into schools is often not achieved because of negative attitudes towards disability. These children are often considered a low priority as it is quite difficult to transport these children into school. Progress made to date is likely to be adversely hampered by the reintroduction of school and health fees as a result of the Economic Structural Adjustment Programme. Some parents of children with disabilities also face economic constraints in meeting their children's education and rehabilitation needs.

Health and health services (art. 24)

137. The World Health Organization's goal of "Health For All by the Year 2000" was adopted by the Government of Zimbabwe in 1980. The policy is defined in "Planning for Equity in Health" which was revised in 1992. The principle of primary health care as stated in the document, embodies the following:

(a) That the promotion of health depends fundamentally on improving socio-economic conditions and on the elimination of poverty and underdevelopment;

(b) That in the process the mass of people should be both the major activists and the main beneficiaries;

(c) That the entire health-care system should be structured to support health activities at the primary level, which respond to the health needs of the people.

The strategy includes community involvement.

138. According to the 1993 Health Facility Report there were 1,378 health facilities in Zimbabwe, 60 more than in 1992 where 1,310 health facilities were reported. The total number of hospitals is 224 and the number of clinics is 1,154.

139. The principle is to provide a health care institution between 5 and 10 kilometres from home. There are four levels of care:

(a) Primary Health Care supported by community-based workers;

(b) Secondary level at district, mission, and general hospital;

(c) Tertiary level care provided at provincial hospital;

(d) Quaternary level, including mental health, provided in the central hospital.

See table 5 for breakdown of Zimbabwe health facilities by province and type. On average the catchment population for the whole country is 7,769 per health institution.

140. Health services in Zimbabwe, like in many other developing countries suffer from inadequate resource support due to poor macroeconomic performance, per capita budget cuts (in real terms), emergency situations such as the drought, refugees and epidemics such as AIDS and cholera.

141. In order to address the problems of infant and child mortality and maternal mortality, the Ministry of Health and Child Welfare will implement strategies to do the following:

(a) Improve the quality of care given to women, particularly before and during pregnancy;

(b) The training of personnel to ensure proper care during pregnancy, labour and delivery through utilization of effective monitoring;

(c) Ensure accessibility of adequate care to the mother and newborn in the post-partum period;

(d) Continue emphasis on childhood programmes to reduce the incidence and mortality especially of respiratory disease, diarrhoea, malnutrition and EPI target diseases;

(e) Effective management of avoidable conditions such as low birth weight, birth asphyxia and infections;

(f) Improve and provide an adequate method of mix in the Family Planning Programme.

The above will be achieved through the provision of adequate numbers of midwives and continued education in the field of MCH and Family Planning as well as strategies to ensure safe motherhood.

Table 5. Zimbabwe health facilities, by province and type

| Province | Hospitals | | | | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Central | Prov. | Maternity | Dis. | Rural | Misc. | Special | Other | Govt. | Council | Misc. | Municipal | Other | |
| Manicaland | | 1 | | 5 | 10 | 21 | 2 | | 62 | 99 | 11 | 6 | 41 | 258 |
| Mashonaland Central | | 1 | | 4 | 3 | 5 | | | 40 | 42 | | 3 | 13 | 111 |
| Mashonaland East | | 1 | | 5 | 10 | 9 | 1 | * | 51 | 76 | 10 | 3 | 11 | 178 |
| Mashonaland West | | 1 | | 5 | 8 | 5 | | * | 34 | 57 | 1 | 11 | 24 | 150 |
| Masvingo | | 1 | | 2 | 11 | 15 | 1 | | 65 | 52 | 7 | | 7 | 161 |
| Matabeleland North | | | | 5 | 5 | 5 | | * | 29 | 26 | 2 | 2 | 16 | 92 |
| Matabeleland South | | 1 | | 5 | 6 | 7 | | | 32 | 31 | 5 | 2 | 22 | 111 |
| Midlands | | 1 | 1 | 6 | 5 | 13 | | 7 | 57 | 68 | 10 | 15 | 41 | 224 |
| Harare | 3 | | 1 | | | | 3 | 1 | | | | 45 | 7 | 60 |
| Bulawayo | 3 | | 1 | | | 1 | 4 | | | | | 18 | | 27 |
| Total | 6 | 7 | 3 | 37 | 58 | 80 | 11 | 22 | 370 | 451 | 46 | 105 | 182 | 1 378 |

[*Figure illegible.]

142. The 1992 Health Statistics Annual Report showed that the major causes of outpatient attendances in the under fives were the following:

Table 6. Major causes of outpatient attendance, 1992

| Cause | Total | Ranking |
|---|---|---|
| ARI | 975 189 | 1 |
| Diarrhoea | 229 995 | 2 |
| Other skin diseases | 178 892 | 3 |
| Injuries | 118 018 | 4 |
| Scabies | 113 239 | 5 |
| Eye conditions | 112 396 | 6 |
| Malnutrition | 105 175 | 7 |
| Malaria-clinical<br>-positive | 94 760<br>3 634<br>98 394 | 8 |

143. In Zimbabwe acute respiratory infections (ARI) and diarrhoeal diseases (DD) remain among the major causes of morbidity and mortality in the under-five age group. As a group ARI/DD are the commonest cause of attendance at health facilities throughout the country as reflected in table 6. Maternal mortality also has a major impact on the survival and development of the child.

144. A question included in the recent census carried out in 1992 to try and establish a more realistic figure for maternal mortality resulted in the following provincial picture (see table 7). The health facility-based mortality rate in 1988 was 90 per 100,000 live births. The major causes of maternal mortality are haemorrhage, ruptured uterus, eclampsia, sepsis and septic abortion.

Table 7. Maternal mortality rates, by province, 1992

| Province | MMR per 100 000 |
|---|---|
| Mashonaland East | 449 |
| Masvingo | 328 |
| Bulawayo | 241 |
| Matabeleland South | 280 |
| Matabeleland North | 328 |

145. Zimbabwe's fertility rate continues to decline and the official estimate from the 1992 census puts the figure at 5.5 children per woman. Attempts are being made to reduce this to 4.5 children per woman by the year 1995. There is a 36 per cent acceptance rate of modern family planning methods, with a 97 per cent knowledge rate.

146. In Zimbabwe, major emphasis is placed on the Maternal and Child Health component in the health care delivery system. The following programmes support that component: Health Education; AIDS Education; Zimbabwe Expanded Programme on Immunization (ZEPI); Nutrition; ARI/DD Programmes; Rehabilitation Programme; Family Planning Services; Environmental Health Programme.

147. Access to health education. The Health Education Unit, which was formed in 1984 within the Ministry of Health and Child Welfare has the overall objective of coordinating all health education activities within governmental, private and non-governmental organizations. The Unit has within the last four years progressed remarkably in the area of collaboration, evidenced by the high levels of inter- and multi-sectoral programmes at all levels of the health sector. The formation and operation of a Multi-sectoral Health Promotion Committee at national level is one example of such an achievement.

148. The importance of developing and using appropriate health promotion strategies cannot be overemphasized. Consumers of health services need to be informed and motivated in order for them to appreciate, promote, initiate and support health programmes. The Unit, in collaboration with programme managers, has successfully responded to clients' needs through the use of both print and electronic media, exhibitions, campaigns and other participatory methodologies to inform, educate and communicate maternal and child health issues. Training guidelines and manuals for health workers and schoolteachers have also been developed, all in an effort to disseminate appropriate and accurate information and messages.

149. Programmes covered all have a bearing on the health and survival of the child. Major activities include:

(a) Communicable and non-communicable diseases with emphasis on diarrhoeal diseases, tuberculosis, malaria, bilharziasis, sexually transmitted infections, HIV/AIDS;

(b) Safe motherhood;

(c) Acute respiratory infections;

(d) Expanded Programme of Immunization;

(e) Provision of safe water and adequate sanitation;

(f) Training of traditional midwives;

(g) Nutrition;

(h) Oral health;

(i) Mental health, rehabilitation;

(j) School health;

(k) Research into factors which influence behaviour.

150. Special mention must be made of the school health programme whose overall objective is to ensure that children will achieve their full potential for effective physical, intellectual and emotional growth. Major components of the programme include provision of a healthy environment, screening and management of identified illnesses/defects, training of teachers to appreciate and support the programme.

151. The child-to-child programme continues to be promoted in schools. The community continues to play a major role in the identification of health problems and interventions, with some communities having very active health subcommittees which monitor the health profile of the community through the clinic reports.

152. Monitoring of these programmes is largely done through the Health Information system, which gives an indication or measure in terms of the effectiveness of health messages and distribution system.

153. The major constraints have been the limited capacity in the Unit to support and respond to health workers' needs and consumer demands. Lack of a health education policy has also affected the operations of the Unit; however, these issues are currently being addressed within the health sector.

154. AIDS education. The National AIDS Coordination Programme (NACP) is tasked with the responsibility to plan, coordinate and monitor AIDS prevention activities and to provide technical support to NGOs, government departments and the private sector in the area of AIDS prevention. The aim of the STD/HIV/AIDS education programmes is to develop in the youths the knowledge and skills needed for healthy human relationships, effective communication, responsible decision-making and behaviour that will protect them from STD/HIV infection. The objectives of the NACP are prevention of transmission of STD/HIV/AIDS infections and reduction of the personal and social impact of HIV/AIDS/STD.

155. The Ministry of Health and Child Welfare, in conjunction with AIDS service organizations, conducts AIDS prevention activities for youth both in and out of school. Other organizations have also integrated STD/HIV/AIDS activities in their operations, for example, the Zimbabwe Red Cross Society, the Zimbabwe Family Planning Council, the police, the army, tertiary institutions, private sector companies, consumer councils and so on.

156. Production of materials for primary and secondary school pupils and teachers began in 1988. In 1989 training of personnel in the Ministry of Education and Culture (MOEC) was started. Various strategies were employed to disseminate information to the youth, including use of the electronic and print media, drama groups, songs and so on. In 1992, MOEC embarked on a National AIDS Programme for Grade 4 through to "A" Level pupils and teachers. The Government, in partnership with NGOs such as the Zimbabwe Association for Community Theatre, also embarked on a programme for "Out of School Youth". An interdenominational group has been formed to work with the Ministry of Health and Child Welfare on the development of relevant books on life skills education for schools. Constraints include lack of policy on STD/HIV/AIDS education for youth and inadequate training for focal persons in NGOs and government ministries.

157. The future direction of the Programme includes

(a) Development of policies and supporting legislation;

(b) Efforts to mobilize different organizations and groups to integrate HIV/STD/AIDS education interventions into ongoing youth programmes;

(c) Training personnel dealing with youths in STD/AIDS/HIV education and adolescent health.

158. The Zimbabwe Expanded Programme on Immunization (ZEPI). ZEPI was fully established in 1982, shortly after independence. ZEPI has scored some remarkable achievements in Zimbabwe as far as the reduction of the burden of morbidity and mortality due to the six vaccine preventable diseases. The objectives of the Programme are:

(a) To reduce mortality and morbidity associated with the six childhood killer diseases in children under five years of age, i.e. measles, tetanus, whooping cough, tuberculosis and poliomyelitis;

(b) To ensure adequate supplies of potent vaccines including cold-chain equipment and all other supplies;

(c) To continue to create awareness about the importance of child immunization, especially among children at risk, because of inaccessibility of health services, religious practices of parents and so on;

(d) To sustain the gains that have been achieved to date by maintaining the immunization coverage in all antigens above 85 per cent or more with the eventual goal of eliminating neonatal tetanus by 1995, eradicating poliomyelitis by the year 2000 and reducing measles cases and deaths due to measles by 90 per cent and 95 per cent respectively by 1995.

159. The achievements of the Programme include the following:

(a) The infant mortality rate has declined from about 83/1,000 in 1982 to 60/1,000 in 1990. Part of the reduction can be attributed to ZEPI;

(b) In Zimbabwe, as late as 1985/86 there was a major epidemic of poliomyelitis with 96 cases reported, and poliomyelitis had been one of the leading causes of disability. The Ministry of Health and Child Welfare reports indicate that there has been no reported case of poliomyelitis in the last three years;

(c) Neonatal tetanus and measles both used to be among the top five causes of infant and child deaths, but today they do not feature even among the top 10 causes of deaths amongst children;

(d) The number of cases of measles decreased from 36,000 in 1983 to 16,000 cases in 1992 and the number of deaths due to measles from 168 in 1983 to 106 in 1992, a tenfold decrease.

(e) Neonatal tetanus is now very rare, diphtheria now exists only in the memories of the older generation, whooping cough is under control, but tuberculosis unfortunately is on the rise mainly because of the HIV epidemic;

(f) Hepatitis B vaccine was integrated into the EPI in 1994. The national immunization now includes three doses of hepatitis B vaccine at 3, 4 and 9 months of age, respectively.

The success of ZEPI is mainly due to the efforts of health workers in cooperation with mothers and community leaders who try to reach all the children in the target group by complementing the static health facilities through outreach and mobile clinics.

160. While efforts have been mainly targeted at increasing coverage, Government is now also turning its focus to disease surveillance and control of the vaccine preventable diseases.

161. Nutrition. The Nutrition Unit in the Ministry of Health and Child Welfare has as its main objective the promotion of a good nutritional status of all age groups with emphasis on the vulnerable groups, children under the age of five, school-age children, pregnant and lactating mothers and the elderly.

Currently, the following programmes are being run by the Unit:

(a) Community Based Nutrition Programmes which include

(i) Community Food and Nutrition Programmes;

(ii) Community Based Growth Monitoring;

(iii) Child Supplementary Feeding Programme;

(b) Infant and Young Child Nutrition Programme which includes

(i) Breast-feeding promotion, baby-friendly hospital initiatives, implementation and monitoring of the International Code of Marketing of Breast Milk Substitutes to protect breast-feeding;

(ii) Infant feeding practices, including weaning practices;

(c) Control of Micronutrient Deficiencies

(i) Iodine;

(ii) Vitamin A;

(iii) Iron;

(d) Institutional Food Services;

(e) Clinic Based Growth Monitoring of the Under-Fives.

All the above programmes are supported by relevant nutrition education and training activities.

162. The Community Food and Nutrition Programme (CFNP) encourages communities to identify malnourished children in their communities and then come up with specific programmes to address the problem. This programme continues to expand with more projects being started.

163. The Child Supplementary Feeding Programme (CSFP) continues in all provinces targeting those areas where there is need. At the peak of the drought of 1992, around 1.2 million under-fives were receiving a daily supplementary meal. CSFP has been integrated with the CFNP so that the communities strengthen food production activities and reduce dependency on food handouts.

164. The School Child Feeding Programme was also introduced during the drought period and continues in needy areas, as school attendance in schools implementing this programme went up significantly.

165. A community-based surveillance system has been established in a few areas and is to expand through the growth monitoring activities under the Community Based Growth Monitoring Programme and the Child Supplementary Feeding Programme. This programme, which encourages weighing of children within the community and not at a health centre, has been piloted in two districts and evaluation of the programme indicates that it is a success. Training of staff in order to expand the programme to other districts and provinces has been completed. This programme is likely to be beneficial in remote areas where the clinics are few and far between.

166. As a member of the World Health Assembly and a signatory to the Innocenti Declaration, Zimbabwe is actively implementing the International Code of Marketing Breast-milk Substitutes. Regulations for enforcing the Zimbabwe Code of Marketing Breast-milk Substitutes are being finalized. Exclusive breast-feeding for the first 6 months of life, continued breast-feeding up to 24 months and proper weaning practices are being promoted nationally.

167. Zimbabwe has joined the baby-friendly hospital initiative and several hospitals have already been assessed and designated as "baby friendly". Training of health workers in lactation management is an ongoing activity.

168. With regard to iodine deficiency, a national survey carried out in 1988 on schoolchildren indicated a national goitre rate of 45 per cent. This survey result necessitated the establishment of a control programme. Iodized oil capsules were distributed as a short-term measure in one severely affected district. The use of iodized salt is being promoted as the long-term measure. The mid-decade goal for universal salt iodization will be attained since most salt coming into the country is iodized. Zimbabwe has recently passed legislation to have all salt for human consumption iodized to the required levels. There have been discussions about the possibility of having a

SADC-wide programme to ensure that all salt-producing countries iodized salt to the required levels. Training of health workers to monitor the programme is under way.

169. A study to determine the Vitamin A status was carried out with results indicating that the problem is not of public health significance. Activities promoting the production of vitamin A-rich foods and increasing consumption of the foods are being carried out. A fortification of some food items is to be promoted by actively involving the food industry.

170. Due to the multi-faceted nature of nutrition problems, all the above programmes are managed and implemented through intersectoral collaboration. Food and nutrition management committees are fully functional from village to national level. The Ministry continues to strive to provide nutritious and adequate meals to aid institutionalized patients to recover. It has a strong programme under which food service supervisors are trained for hospitals and other government institutions. Nutrition education and training is an ongoing exercise targeted at health workers, extension workers, schoolchildren, communities and the general public. This ensures that issues of nutrition are widely disseminated. The lack of an institutional framework and policy to guide the Nutrition Unit in coordinating food and nutrition issues hinders progress.

171. Currently, discussions are under way to place the Nutrition Unit where it can best operate and therefore speed up the development of the Food and Nutrition Policy and to ensure that the Unit is strategically placed so that it can influence issues of food policy, agricultural policy, national food security/household food security and so on. Vigorous recruitment of nutritionists and dieticians has to be done so that the Nutrition Unit functions at full capacity. It is also planned to develop a strong food and nutrition surveillance system in collaboration with all relevant sectors.

172. ARI/CDD Programme. Acute respiratory infections and diarrhoea have always been recognized as significant causes of morbidity and preventable mortality in Zimbabwe. In 1982 the Ministry of Health and Child Welfare launched a National Diarrhoeal Diseases Control Programme and in 1987 the ARI programme was also launched and collaboration of the two programmes was established in 1990. The objectives of the ARI/CDD Programme are:

(a) To reduce mortality due to diarrhoea in children under five years of age by 50 per cent within the next five years, that is between 1992-1996;

(b) To reduce morbidity by 25 per cent within five years;

(c) To reduce mortality from pneumonia in children under five years of age in health facilities by 50 per cent by 1996, that is from about 4 per cent to 2 per cent;

(d) To reduce the severity of and complications from acute upper respiratory infections, e.g. deafness and rheumatic carditis, through early and appropriate treatment of acute otitis media and streptococcal sore throat.

173. The achievements of the Programme are:

(a) The prevention of diarrhoea through provision of adequate safe water, improved sanitation, refuse disposal and personal hygiene;

(b) The universal promotion of a standard oral rehydration solution of salt and sugar (SSS) used at household level for the prevention and treatment of mild dehydration and at all levels of the health care system;

(c) The establishment of ARI/CDD Advisory Committee in 1990 to advise and discuss all matters concerning the programmes;

(d) Practical guidelines for case management at all levels of the health care structure and at home were developed;

(e) Development of the Zimbabwe training manuals for both ARI/CDD and case management charts;

(f) Establishment of three national diarrhoeal and acute respiratory training units;

(g) Establishment of oral rehydration therapy (ORT) corners in 60 per cent of facilities;

(h) General awareness of SSS among care-givers of children under five years for the prevention of rehydration. Up to 90 per cent of care-givers now know the recipe for SSS.

174. Constraints are the inconsistent supply of essential drugs, lack of supervision due to lack of transport and the difficulty of involving the medical practitioners in the programme.

175. Concerning the future direction of the Programme, it is planned to develop a policy document, monitor trends of epidemics in affected areas and share such information of areas at risk, encourage intersectoral collaboration and produce material in local languages.

176. Environmental health is that aspect of public health concerned with all factors, circumstances and conditions in the environment of human beings that can exert an influence on human health and well-being. The major objective of environmental health is to create a safe environment to ensure the health of the community. The most significant activities that have been undertaken to meet the objectives include:

(a) The sanitary disposal of human excreta;

(b) The provision of a safe adequate water supply;

(c) The improvement in the handling and storage of food;

(d) The improvement of housing standards;

(e) The control of environmental pollution, i.e. air, water, soil and noise pollution;

(f) The control of communicable diseases;

(g) The prevention of accidents.

177. The Ministry of Health and Child Welfare is involved in the Integrated Programme for Rural Water Supply and Sanitation, whose aim is to provide 50 per cent of the rural population with adequate toilet facilities and the universal provision of portable water by the year 2000.

178. Surveillance of the various aspects of the environmental health activities includes:

(a) Water sources both in urban and rural areas are kept under surveillance in order to detect the presence of undesirable contaminants, e.g. high levels of chemicals and micro-organisms. This is done through random and routine sampling of water supplies.

(b) Food quality control exercises as well as inspection of premises such as pre-schools, school restaurants and other public eating places are carried out on a regular basis to control the occurrence of food-borne diseases;

(c) The Ministry of Health and Child Welfare, in conjunction with the Ministry of Local Government, Rural and Urban Development, is involved in the examination of proposed residential plans to ensure that they meet the minimum standards for housing; this, however, is only possible in urban areas;

(d) New environmental threats due to pollution, i.e. contamination of water, air and the essential ecosystem with toxic by-products from industries and pesticides, are posing a serious health risk to children especially in the mining and agricultural sectors. The Environmental Health Department is involved in the classification and recommendations for approval of all the pesticides which come into Zimbabwe. The Department is also involved in educating the public on the proper use, handling and disposal of pesticide wastes. Monitoring of air pollution from industrial chimneys is done through industrial visits.

179. The control of communicable diseases such as TB is aimed at breaking the chain of transmission of the disease. This is carried out through:

(a) Case finding;

(b) Notification of case of infectious disease;

(c) Investigation of disease outbreak;

(d) Follow-up of cases on out-patients receiving treatment;

(e) Trace those who have been in contact with the disease;

(f) Trace those who have defaulted during the course of their treatment;

(g) Disease surveillance;

(h) Disease vector control.

Apart from the above-mentioned activities surveys on the prevalence of bilharzia among schoolchildren were carried out in all provinces and an exercise on snail survey was also carried out.

180. While the services developed in the 1980s continue to provide a wide range of coverage of family planning methods and counselling, there is still a need to reduce the population growth rate. In order to improve coverage of family planning methods and counselling, the Ministry of Health and Child Welfare and the Zimbabwe National Family Planning Council supports strategies to:

(a) Increase the utilization of modern methods of family planning by women through health promotion;

(b) Use of mass media and various motivational campaigns;

(c) Increase the use of long-term methods of contraception by women of reproductive age;

(d) Improve provider skills through continuing education;

(e) Provide information to the youth on family life education and the development of responsible reproductive behaviour;

(f) Empowerment of young girls/boys and to make informed choices, through the introduction of life skills programmes in schools.

## IV. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

### The rights of the child to education (art. 28)

181. The Government of Zimbabwe considers education a basic human right necessary for social and economic development. Compulsory and free primary education is the ultimate future aim as education is a prerequisite to all forms of individual and national development.

182. The school-age population in Zimbabwe is very large indeed. At the age of three years children attend Early Child Education and Care centres until they turn 5+ years when they begin their primary education. At 13 years of age, children proceed to secondary education until they turn 18 years old.

183. In Zimbabwe, the right of the child to education falls within the school age which covers 3 to 18-year-olds. The schooling system is categorized into:

1. Early Child Education and Care (ECEC) )
2. Primary Education ) Basic Education
3. Secondary Education )

Early Child Education and Care and Basic Education for children and literacy programmes for adults are given priority since the successful development of children depends on the parents level of literacy.

184. Early Child Education and Care (ECEC). From 1980 to the present, Early Childhood Education and Care (pre-school) centres in both rural and urban areas have mushroomed in response to the needs of children between the ages of three and six. Emphasis is now being placed on quality education following the vast expansion in the quantity of schools. Quality includes supervision, more trained teachers, equipment and learning materials as well as relevant curricula.

Table 8. ECEC enrolments, 1991/92

| | No. centres | No. children enrolled |
|---|---|---|
| Rural | 5 241 | 301 432 |
| Urban | 2 000 | 120 000 |
| Total | 7 241 | 421 432 |

Table 9. Projected ECEC enrolments, 1993/94

| | No. centres | No. children enrolled |
|---|---|---|
| Rural | 5 490 | 329 400 |
| Urban | 2 200 | 132 000 |
| Total | 7 690 | 461 400 |

Table 10. ECEC centres (registered) in rural and commercial farming areas

| | Centres | Enrolments | % Growth | Participation Rate |
|---|---|---|---|---|
| 1991 | 7 241 | 421 432 | | 4.92 |
| 1992 | 7 690 | 461 400 | 9.48 | 4.5 |

185. In order to register an Early Childhood Education and Care centre in a rural or commercial farming area, the requirements are as follows:

(a) A minimum enrolment of 20 children;

(b) A teacher-child ratio of 1:20;

(c) New teachers must be between 18 and 55 years of age;

(d) New teachers must have a minimum of two years of secondary education;

(e) The head of primary school must have overall supervision of the centre's professional matters;

(f) The centre must follow the school calendar, operate five days a week, for 4½ hours for half a day and 7 hours for a full day;

(g) Offer an ECEC curriculum approved by the Secretary for Education and Culture;

(h) Have approved shelter and toilets;

(i) Have a fenced yard which includes an outdoor playground;

(j) Provide clean water (safe to drink);

(k) Have a community-based feeding scheme for the children;

(l) Have a properly constituted school/centre development committee.

186. The first formal registration of rural and commercial farming centres which met the basic criteria began in 1992. The registration of new urban ECEC centres has been an ongoing exercise which dates back to the pre-independence era. An exercise intended to update information on all old centres in urban areas will also be undertaken.

187. The Government of Zimbabwe, together with the United Nations Children's Fund (UNICEF), gives grants to communities for the construction, furnishing and equipping of ECEC centres in rural areas where resources are scarce.

Since the majority of centres in rural areas are "tree centres" (operating under trees), the grants-in-aid scheme is an ongoing activity which will last up to the year 2000.

188. The Government of Zimbabwe promotes a community-based Early Childhood Education and Care programme where the Government and communities work hand in hand, complementing each other in the provision of facilities, equipment, monitoring of centres, training of centre personnel and other things. The Government also firmly believes that any projects set up to benefit communities cannot be assured of sustainability and viability unless the recipients themselves are fully involved in the development and financing of those projects or programmes.

189. ECEC Community Education Workshops were commenced in 1992 to educate communities on the benefits of the ECEC programme and provide basic knowledge and training on the role parents and communities are expected to play at the centres. The workshops were also aimed at decentralizing the management of the centres so that basic monitoring and supervision could be effectively carried out by community leaders through the establishment of school/centre development committees. Since 1992 a total of 5,400 participants have undergone training in community management of pre-school centres. All Community Education Workshops held since 1992 have been sponsored by UNICEF.

190. Many church organizations and NGOs such as UNICEF, the Bernard van Leer Foundation, Redd Barna, Save the Children UK and USA, World Vision International, Plan International and many others have done and continue to do sterling work in promoting the ECEC programme by running in-service training programmes, building, equipping and supporting ECEC centres in rural areas.

191. Constraints encountered in the ECEC programme include the following:

(a) There is no operational budget from central Government to complement communities in providing this essential service to children from three to six years of age. The 1992/93 drought slowed down the rate of progress that had been achieved;

(b) The majority of rural centres lack adequate learning and teaching facilities, as well as qualified personnel. There is also a lack of professionally trained personnel to monitor the centres activities and provide the public with the requisite education on the importance of the programme and the role they are expected to play. The present situation of one ECEC trainer per district should be improved to two trainers per district;

(c) Most ECEC teachers and supervisors in rural areas either get nothing or are given low allowances for the services they render, resulting in a high turnover of staff;

(d) Further funding is required towards more training programmes of parents and communities on the role they play at ECEC centres;

(e) There is a lack of systematic feeding at most rural centres;

(f) Although communities make an effort to complement the Government's and NGOs' efforts, they still need more financial, professional and technical assistance. Constant supervision and monitoring of centres by the Ministry is required to ensure quality provision of ECEC services in both rural and urban areas.

While the constraints are largely the birth-pains of a new programme, the majority of the pre-school age-group children continue to be deprived of ECEC experience. Only 28 per cent of the pre-school age group are currently catered for. The goal is to extend the programme to 48 per cent of the children by the year 2000.

192. Priorities and specific future goals of the ECEC programme are:

(a) Establishment of more ECEC centres;

(b) Carrying out registration of both urban and rural centres;

(c) Running in-service programmes for ECEC district trainers;

(d) Providing training to untrained ECEC teachers and supervisors and in-service courses for the trained personnel;

(e) Providing grants-in-aid to rural centres in order to improve their facilities;

(f) Providing education to parents and communities on the role they play at centres;

(g) Establishing a more effective system for monitoring of ECEC centres in both rural and urban areas.

193. Primary education. Access to education has been extended to all primary school-age children regardless of whether or not they have the potential to proceed to secondary education and whether or not they are children with special education and physical needs. The Education Act of 1987 reaffirms the Government's commitment to the noble objective: that "every child in Zimbabwe shall have the right to school education and that no child in Zimbabwe shall be refused admission on any grounds whatsoever". This includes children with learning and physical handicaps.

194. Even before the enactment of the 1987 Education Act, there had been a great expansion of primary schools since 1980 (see table 11 below); 880 primary schools were built between 1981 and 1993. Since 1988, these ordinary schools have been enroling children with handicaps. This followed the Ministry's Outreach Programme which seeks to convince parents in urban and remote areas that no handicapped child should remain at home when other siblings in the family go to school.

Table 11. Number of schools and percentage growth 1979-1993

| Year | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Primary | 2401 | 3161 | 3498 | 3680 | 3760 | 4161 | 4234 | 4297 | 4429 | 4471 | 4504 | 4539 | 4549 | 4567 | 4578 |
| % Change | 0.0 | 31.7 | 11.0 | 4.9 | 2.1 | 5.1 | 1.8 | 1.5 | 3.1 | 0.7 | 0.7 | 0.6 | 0.2 | 0.4 | 0.2 |
| Secondary | 177 | 192 | 691 | 728 | 780 | 1182 | 1216 | 1276 | 1398 | 1484 | 1502 | 1512 | 1515 | 1517 | 1518 |
| % Change | 0.0 | 11.3 | 25.3 | 5.3 | 7.0 | 49.6 | 2.8 | 5.0 | 9.3 | 6.4 | 1.2 | 0.7 | 0.2 | 0.1 | 0.1 |
| TOTAL | 2578 | 3353 | 4189 | 4408 | 4725 | 5348 | 5451 | 5574 | 5827 | 5955 | 6007 | 6051 | 6064 | 6084 | 6096 |
| % Change | 0.0 | 31.5 | 30.1 | 4.9 | 2.8 | 13.5 | 1.9 | 2.3 | 4.7 | 2.0 | 0.9 | 0.7 | 0.2 | 0.3 | 0.2 |

Source: Secretary's Reports (1979-93)

195. The Government also directed that all local authorities should endeavour to establish and maintain primary schools (see table 12 below) as may be necessary for all children in the area under their jurisdiction. However, present financial obstacles hamper this right to school education. Even where a needy pupil may be provided with tuition fees, boarding fees where applicable and examination fees under the Social Dimensions Fund, there are additional school levies, building fund contributions and school uniforms to which all parents must contribute before their child may be admitted into some schools. Some of these additional fees are employed as exclusion tactics that raise fees beyond the level of the community at large. Many parents are unable to meet these costs and it is government policy that no child shall be excluded from school due to non-payment of levy. Where parents default in payment of fees and levies, children should be left at school whilst parents raise the amount needed by the School Development Committee.

196. The expansion of both primary and secondary education in Zimbabwe since independence has been made possible by the Government's encouragement of NGOs and other organizations to build and open more schools of their own (see table 12 below):

Table 12. Organizational structure of the Zimbabwe education system

| | No. primary schools | No. secondary schools |
|---|---|---|
| 1. Government schools: | | |
| (a) Former Group A schools | 86 | 33 |
| (b) Former Group B schools | 177 | 160 |
| 2. District Councils | 3 307 | 1 048 |
| 3. Rural Councils | 218 | 52 |
| 4. Urban Councils | 53 | 2 |
| 5. Mission schools | 215 | 167 |
| 6. Farm schools | 114 | 16 |
| 7. Mine schools | 31 | 17 |
| 8. ZIMFEP | 1 | 4 |
| 9. Trust foundations | 48 | 9 |
| 10. Community schools | 74 | 12 |
| 11. Others | 260 | 6 |
| 12. Total number of schools | 4 559 | 1 515 |

197. Table 13 below shows categories of Zimbabwean children by age and gender.

Table 13. School-going population, by age group, based on the 1992 census

| Age group | Males | Females | Total |
|---|---|---|---|
| 3* | 164 904 | 182 994 | 347 898 |
| 4 | 173 668 | 170 229 | 343 897 |
| 5 | 174 838 | 182 704 | 357 542 |
| 6 | 175 898 | 175 898 | 351 797 |
| 7 | 180 511 | 177 646 | 358 158 |
| 8 | 155 065 | 156 310 | 311 375 |
| 9 | 153 470 | 156 571 | 310 041 |
| 10 | 153 187 | 158 803 | 311 990 |
| 11 | 137 312 | 143 489 | 280 801 |
| 12 | 166 427 | 160 542 | 326 969 |
| 13 | 145 329 | 150 657 | 295 985 |
| 14 | 145 536 | 151 476 | 297 011 |
| 15 | 142 344 | 146 973 | 289 317 |
| 16 | 119 532 | 116 231 | 1 235 762 |

* Nursery and early child education age.

198. Tables 14 and 15 below show how Zimbabwe's commitment to article 28 of the Convention on the right of the child to education before it even came to existence in 1990. A glance at table 15 reveals astronomical expansion in primary school enrolments from 1980 to 1993. The total enrolment in primary education rose from 820,266 pupils in 1979 to 2,417,703 pupils in 1993.

199. These large figures of enrolment in the primary school grades were due to the Government's policy of free and compulsory primary education. With the Government's adoption of the Economic Structural Adjustment Programme, however, this policy ceased in urban primary schools, but remained as in previous years in all rural primary schools where primary education remains free except for building levies charged by the Schools Development Committees.

200. Secondary education. Statistical figures in table 15 show that secondary school enrolments have been rising since independence, in 1980 from 12,201 pupils in form IV in 1979 and by 1993 there were 134,158 pupils. Figures at the bottom of table 15 are total enrolments for both primary and secondary schools from 1979 to 1993. This shows that the total school population in Zimbabwe rose from 884,444 pupils in 1979 to 3,075,647 pupils in 1993, an increase of over 2 million pupils in 14 years of Independence.

Table 14. Summary of government and non-government school enrolments, 1977-1993

| [illegible] | 1979 | [illegible] | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE 1 | 178779 | 186372 | 471448 | 468780 | 268329 | 352248 | 340659 | 354291 | 376993 | 359019 | 416239 | 387897 | [illegible] | 410965 | [illegible] |
| Promotion Rate | 122 23 | 9960 | 89 80 | 91 70 | 92 07 | 90 52 | 90 24 | 85 91 | 88 83 | 87 86 | 83 41 | 91 18 | 87 67 | 87 81 | |
| Dropout Rate | 22 23 | 0 31 | 10 60 | 8 30 | 7 93 | 9 48 | 9 76 | 11 05 | 11 17 | 12 14 | 16 56 | 5 82 | 12 33 | 10 16 | |
| GRADE 2 | 157762 | 207699 | 375280 | 421497 | 378850 | 359123 | 324292 | 313068 | 315441 | 331037 | 311763 | 347303 | 365465 | 391821 | 368409 |
| Promotion Rate | 121 76 | 110 57 | 93 71 | 91 36 | 95 31 | 97 68 | 95 80 | 95 98 | 95 99 | 96 41 | 90 51 | 100 52 | 95 32 | 97 28 | |
| Dropout Rate | -21 76 | -10 57 | 6 26 | 5 61 | 4 69 | 2 92 | 4 20 | 4 02 | 4 01 | 3 56 | 9 49 | 0 52 | 4 68 | 2 72 | |
| GRADE 3 | 136106 | 170120 | 229852 | 351765 | 377731 | 357261 | 329231 | 313905 | 300503 | 302758 | 319559 | 309161 | 305097 | 347955 | 351971 |
| Promotion Rate | 111 25 | 103 93 | 98 49 | 91 11 | 95 0[illegible] | 96 60 | 95 58 | 96 61 | 96 26 | 95 14 | 89 89 | 101 28 | 91 98 | 97 67 | |
| Dropout Rate | 11 25 | 8 93 | 1 51 | 5 89 | 6 97 | 3 40 | 3 42 | 3 [illegible] | 3 74 | 4 86 | 10 11 | 1 78 | 5 02 | 2 33 | |
| GRADE 4 | 102652 | 141446 | 182611 | 226114 | 331032 | 378001 | 345114 | 317978 | 303429 | 289265 | 285265 | 287257 | 313131 | 318556 | 337010 |
| Promotion Rate | 114 59 | 112 29 | 99 12 | 97 09 | 94 13 | 96 01 | 96 39 | 96 67 | 96 06 | 96 93 | 92 50 | 102 12 | 95 91 | 97 80 | |
| Dropout Rate | 14 59 | 12 29 | 0 88 | 2 91 | 5 87 | 4 00 | 3 61 | 3 33 | 3 95 | 3 07 | 7 50 | 2 12 | 4 06 | 2 20 | |
| GRADE 5 | 96239 | 125977 | 162590 | 180012 | 219817 | 311603 | 355220 | 332660 | 307821 | 291062 | 280374 | 266492 | 293156 | 309713 | 324067 |
| Promotion Rate | 111 41 | 118 14 | 109 95 | 99 72 | 142 03 | 96 91 | 96 03 | 97 27 | 97 63 | 99 27 | 95 27 | 105 15 | 98 06 | 100 61 | |
| Dropout Rate | 14 41 | 18 14 | 0 95 | 0 28 | 42 03 | 3 07 | 4 07 | 2 73 | 2 37 | 0 73 | 4 73 | 5 15 | 1 95 | 0 61 | |
| GRADE 6 | 85257 | 112830 | 145835 | 164083 | 183498 | 312198 | 302017 | 311020 | 323571 | 300088 | 288942 | 267099 | 282885 | 287638 | 302649 |
| Promotion Rate | 109 98 | 124 62 | 100 03 | 102 86 | 98 67 | 67 91 | 95 59 | 95 57 | 91 30 | 93 84 | 87 21 | 102 12 | 92 52 | 100 98 | |
| Dropout Rate | 9 98 | 24 62 | 0 03 | 2 86 | 1 33 | 32 09 | 4 41 | 4 43 | 5 70 | 6 12 | 12 79 | 2 12 | 7 48 | 0 98 | |
| GRADE 7 | 82210 | 97069 | 140650 | 148826 | 168769 | 181060 | 212109 | 288729 | 325902 | 306136 | 281715 | 251997 | 272758 | 261729 | 290189 |
| Promotion Rate | 27 01 | 85 99 | 69 49 | 74 37 | 82 30 | 81 75 | 78 31 | 70 27 | 61 99 | 67 72 | 68 42 | 77 66 | 66 16 | 66 56 | |
| Dropout Rate | 72 99 | 14 01 | 30 51 | 25 63 | 17 70 | 18 25 | 21 66 | 29 73 | 35 01 | 32 28 | 31 58 | 22 34 | 33 84 | 33 44 | |
| Special classes | 731 | 571 | 903 | 1784 | 4748 | 1817 | 1915 | 2982 | 2496 | 3958 | 2459 | 2626 | 2425 | 4865 | 5307 |
| | | | | | | | | | | | | | | | |
| GRAND TOTAL | 829256 | 1136781 | 1715910 | 1918405 | 2015187 | 2259601 | 2218518 | 2204234 | 2202089 | 2212908 | 2107671 | 2183625 | 2266681 | 2466865 | 2417811 |

Table 15. Total primary and secondary school enrolments, 1979-1993

| SECONDARY | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FORM I | 68352 | 72201 | 81491 | 97752 | 110725 | 118904 | 148002 | 166168 | 202899 | 211816 | 206634 | 192753 | 195693 | 180452 | 174208 |
| Promotion Rate | 93 31 | 117 17 | 95 99 | 97 74 | 94 91 | 96 01 | 93 40 | 90 81 | 85 53 | 90 29 | 85 60 | 91 93 | 84 77 | 88 97 | |
| Dropout Rate | 6 69 | -17 17 | 4 01 | 2 26 | 5 09 | 3 97 | 6 60 | 9 19 | 14 47 | 9 71 | 14 40 | 8 07 | 15 23 | 11 03 | |
| FORM II | 16031 | 17125 | 26013 | 80145 | 93535 | 105093 | 133392 | 138236 | 150904 | 173533 | 191253 | 176885 | 177202 | 165900 | 160547 |
| Promotion Rate | 99 13 | 98 60 | 93 87 | 95 54 | 95 31 | 1 89 | 92 44 | 89 78 | 85 04 | 91 79 | 84 56 | 93 42 | 87 38 | 90 38 | |
| Dropout Rate | 0 87 | 1 40 | 6 13 | 4 46 | 4 67 | 6 11 | 7 56 | 10 22 | 14 96 | 8 21 | 15 44 | 6 58 | 12 62 | 9 62 | |
| FORM III | 13614 | 15891 | 16866 | 24418 | 76572 | 91037 | 98677 | 123311 | 124103 | 128322 | 159285 | 161719 | 163219 | 154833 | 149944 |
| Promotion Rate | 94 95 | 96 43 | 91 40 | 100 37 | 92 74 | 98 29 | 99 13 | 92 38 | 90 94 | 93 17 | 78 74 | 95 02 | 83 47 | 86 65 | |
| Dropout Rate | 5 05 | 3 57 | 6 60 | -0 37 | 7 26 | 1 71 | 0 87 | 7 62 | 9 06 | 6 83 | 21 26 | 4 98 | 16 53 | 13 35 | |
| FORM IV | 12201 | 12926 | 15323 | 15772 | 24509 | 71014 | 89317 | 97820 | 113915 | 112865 | 122118 | 125418 | 153667 | 137919 | 134158 |
| Promotion Rate | 21 65 | 19 66 | 20 41 | 23 33 | 16 42 | 7 64 | 7 04 | 6 54 | 6 98 | 7 42 | 6 77 | 7 88 | 5 90 | 7 51 | |
| Dropout Rate | 78 35 | 80 34 | 79 59 | 76 67 | 83 58 | 92 36 | 92 96 | 93 46 | 93 02 | 92 58 | 93 23 | 92 12 | 90 10 | 92 49 | |
| FORM V | 2193 | 2641 | 3341 | 3121 | 3640 | 4025 | 5423 | 6299 | 6401 | 7946 | 8176 | 8273 | 9889 | 9067 | 10155 |
| Promotion Rate | 59 05 | 63 35 | 68 04 | 92 42 | 79 10 | 81 52 | 96 96 | 94 71 | 96 64 | 96 97 | 88 35 | 104 30 | 88 71 | 96 66 | |
| Dropout Rate | 40 95 | 36 65 | 31 96 | 7 58 | 20 90 | 18 48 | 3 04 | 5 29 | 3 36 | 3 03 | 11 65 | -4 30 | 11 29 | 3 34 | |
| FORM VI | 1067 | 1433 | 1673 | 1729 | 2890 | 2911 | 3281 | 5258 | 5966 | 6186 | 7705 | 7417 | 8629 | 8773 | 8764 |
| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| Special Classes | 416 | 309 | 312 | 353 | 334 | 277 | 292 | 335 | 464 | 337 | 509 | 191 | 296 | 400 | 685 |
| SUB TOTAL | 44158 | 73106 | 146839 | 223896 | 314849 | 413901 | 479184 | 538027 | 605252 | 646605 | 696482 | 672256 | 711219 | 657944 | 638661 |
| GRAND TOTAL | 884444 | 1309800 | 1862708 | 2131821 | 2160036 | 2645905 | 2696762 | 2803780 | 2857271 | 2854404 | 2916353 | 2793821 | 3006853 | 3017684 | 3075642 |

Aims of education (art. 29)

201. The Government of Zimbabwe's goal on education is to provide basic and secondary education to all children and individuals requiring formal and non-formal education in order to ensure the physical, intellectual, economic and cultural development of individuals and facilitate the creation of a self-sustaining and peaceful and internationally competitive nation. To this end, the Zimbabwe curricula include: academic learning in primary and secondary schools; vocational education in secondary schools; physical education in primary and secondary schools; education with production in primary and secondary schools; education for living in secondary schools; cultural education in primary and secondary schools and guidance and counselling in schools. Apart from culture education, which falls under article 31, all of the above curricula meet the requirements of article 28 of the Convention on the Rights of the Child.

202. A course "Emphasis on life in a free society" is taught under "education for living". Development of practical skills, self-reliance and education with production are stressed. Zimbabwean tradition, languages and history are also taught.

203. Vocational training and guidance. The Ministry of Higher Education gives vocational training and guidance to Ordinary and Advanced Level school leavers.

204. The Ministry of Education and Culture approves the curriculum to be taught at any school. The main thrust has been to provide pupils with practical skills to encourage self-reliance. It is therefore a Ministry requirement that at forms 1 and 2 each pupil does two practical subjects. At forms 3 and 4, each pupil does one practical subject. These are examined at each level.

205. In view of the aim to be self-reliant, the Ministry, jointly with the Confederation of Zimbabwe Industries, have launched "The School on the Shopfloor" programme. This aims to give pupils hands-on experience in an industrial setting. It aims at equipping them with the experience expected of them when they enter the job market. The youth are also encouraged to apply for vocational training in established institutions such as the technical colleges, the polytechnic colleges, agricultural colleges, the School of Hotel Catering, and other institutions. The Ministry of Higher Education is involved in creating apprenticeship opportunities for youth in all areas.

206. Guidance and counselling. Greater emphasis has been placed on education and vocation, together with personal and social counselling. The Ministry of Education and Culture has embarked on a staff development training programme for personnel to upgrade them in guidance and counselling skills.

207. Problems and limitations. Problems persist in commercial farming areas where little provision is made for the education of workers' children, especially secondary education. A tax incentive for farmers has been introduced whereby they are given a tax incentive if they put up physical

infrastructure on their farms. Overall, on the farms classrooms are inadequate and poor and teachers' accommodation, acute shortage of trained teachers and severe shortage of teaching materials persist.

208. There has not been a 100 per cent transition from primary to secondary schools. This is mainly due to the fact that some poor parents cannot afford school fees at secondary level. As a result, girls are usually the most affected. In 1992, the percentage of drop-out rate for girls during the transition from grade 7 to form 1 was 35.5 per cent and 26.7 per cent for boys. The total number of drop-outs was 81,269 out of a total number of 261,721 pupils who were in grade 7 the year before (see table 16).

209. Reform in the area of educational quality and relevance, through incorporation of changes in the structure, content and methodology, has been difficult to achieve. There is need for greater focus on the quality of educational experience as judged by its effectiveness in imparting the intended knowledge and skills as well as the relevance of the educational content in preparing students to meet the challenges of a changing economy and society.

210. Achievements. Progress has been made in training. The Standards Control Unit selected untrained teachers under a programme called the Associate Teacher Programme, in order to equip them with the requisite skills. The Curriculum Development Unit and schools psychological services continue to run in-service courses for trained and untrained officers and teachers. In addition, courses are run for heads of schools, district education officers and education officers to raise and maintain the standard of education. Officers are also sent for staff development training which is funded by a number of agencies and donors. Selected pilot secondary schools are given equipment for technical and vocational training. Other secondary schools are provided with kits in woodwork, home economics, agriculture, metalwork and building.

211. Adult literacy. In 1983 the Government launched the National Literacy Programme, whose main objectives included:

(a) Making nearly 2.5 million illiterate youths and adults literate in the shortest possible time;

(b) Providing post-literacy and functional literacy materials in order to sustain and improve their reading, writing and numerical skills while using these skills to improve their quality of life.

212. Despite continuous tutor turnover, 63,000 adults were added to the literate population. Learners have been taught to appreciate the dignity of labour and the spirit of self-reliance, especially at post-literacy level. At present, the number of learners attending basic literacy classes is 59,797.

Table 16. Drop-out rates for pupils during the transition from Grade 7 to Form 1

| | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 |
|---|---|---|---|---|---|---|---|---|---|---|
| BOYS | No. in grade 7 the year before | 94 163 | 100 726 | 118 544 | 156 615 | 171 898 | 158 880 | 145 183 | 138 213 | 133 205 |
| | No. drop-outs | 14 161 | 16 233 | 23 019 | 42 199 | 54 411 | 48 370 | 41 001 | 31 768 | 35 578 |
| | % drop-outs | 15.04 | 16.12 | 19.42 | 26.94 | 31.65 | 30.44 | 28.24 | 22.98 | 26.71 |
| GIRLS | No. in grade 7 the year before | 74 606 | 80 324 | 93 556 | 132 114 | 154 004 | 146 256 | 136 532 | 134 545 | 128 516 |
| | No. drop-outs | 15 704 | 16 815 | 22 913 | 43 631 | 59 675 | 56 116 | 47 961 | 45 293 | 45 691 |
| | % drop-outs | 21.05 | 20.93 | 24.49 | 33.03 | 38.75 | 38.37 | 35.13 | 33.66 | 35.55 |
| TOTAL | No. in grade 7 the year before | 168 769 | 181 050 | 212 100 | 28 872 | 325 902 | 305 160 | 281 715 | 272 758 | 261 721 |
| | No. drop-outs | 29 865 | 33 048 | 45 932 | 85 830 | 114 086 | 104 486 | 88 962 | 77 061 | 81 269 |
| | % drop-outs | 17.70 | 18.25 | 21.66 | 29.73 | 35.01 | 34.24 | 31.58 | 28.25 | 31.05 |

Table 17. Adult basic literacy learners, enrolments for 1990 by province

| REGION | GROUPS | TUTORS | FEMALE | % FEMALE | MALE | TOTAL | AVERAGE NO. PER GROUP | AVERAGE NO. PER TUTOR |
|---|---|---|---|---|---|---|---|---|
| Harare | 45 | 32 | 817 | 95 | 43 | 860 | 19 | 27 |
| Manicaland | 393 | 742 | 8 806 | 50 | 8 806 | 17 612 | 45 | 24 |
| Mashonaland Central | 436 | 667 | illegible | illegible | 1 236 | 10 925 | 25 | 16 |
| Mashonaland East | 344 | 513 | 4 423 | 85.6 | 745 | 5 168 | 15 | 10 |
| Mashonaland West | 420 | 579 | 5 331 | 73.7 | 1 900 | 7 231 | 17 | 12 |
| Masvingo | 437 | 1 201 | 7 702 | 67 | 3 787 | 11 489 | 33 | 10 |
| Matabeleland North | 450 | 594 | 5 059 | 70.6 | 2 102 | 7 161 | 16 | 12 |
| Matabeleland South | 469 | 667 | 4 276 | 86.1 | 688 | 4 964 | 11 | 7 |
| Midlands | 509 | 670 | 4 151 | 81.9 | 919 | 5 070 | 10 | 8 |
| TOTAL | 3 413 | 5 665 | 50 254 | 71.3 | 20 226 | 70 480 | 21 | 12 |

213. There are a number of NGOs which are complementing the work of the Government in the area of adult education, like the Adult Literacy Organization of Zimbabwe (ALOZ) which operates in urban and commercial farming areas. The adult literacy tutors who operate in these areas are chosen and paid allowances by the employers or employee organizations and trained by ALOZ.

Table 18. Number deemed literate in the National Literacy Survey of October 1990

(From a sample of size 17,079)

| REGION | FEMALE | % FEMALE | MALE | TOTAL |
|---|---|---|---|---|
| Harare | 225 | 93 | 17 | 242 |
| Manicaland | 1 460 | 77.1 | 434 | 1 894 |
| Mashonaland Central | 665 | 82.5 | 141 | 806 |
| Mashonaland East | 1 185 | 76.5 | 365 | 1 550 |
| Mashonaland West | 972 | 73.9 | 344 | 1 316 |
| Masvingo | 2 781 | 83.3 | 599 | 3 380 |
| Matabeleland North | 1 041 | 79.2 | 274 | 1 315 |
| Matabeleland South | 862 | 87.7 | 121 | 983 |
| Midlands | 1 404 | 81.3 | 322 | 1 726 |
| TOTAL | 10 595 | 80.2 | 2 617 | 13 212 |

Special education (art. 28)

214. Children with special educational and physical needs are not discriminated against. There has been expansion in special education provisions for children with hearing impairments, mental handicaps, physical handicaps, speech and language disorders, visual handicaps, and specific and general learning difficulties. Table 19 below shows special education provision in 1982.

Table 19. Special education opportunities in Zimbabwe, September 1982

| Types of handicap | Special schools | Special classes | | | | Total No. of children |
|---|---|---|---|---|---|---|
| | | Former White 'A' schools (Primary) | Former Black 'B' schools (Primary) | Former White 'A' schools (Secondary) | Former Black 'B' schools (Secondary) | |
| Hearing impairment | 3 | | | | | 526 |
| Mental disability | 9 | | | | | 483 |
| Physical handicap | 3 | | | | | 398 |
| Visual handicap | 2 | | | | | 539 |
| Slow learners | | 31 | 3 | 31 | - | 733 |
| Resource Units | 10 | | | | | 102 |
| Grand total of all children under education | | | | | | 2 679 |

Source: MOEC.

Leisure, recreation and cultural activities (Art. 31)

215. State provisions. The Government has continued in its efforts to ensure that the school curriculum strikes a balance between academic and arts education through the introduction and teaching of such subjects as music, dance, drama, physical education and the visual arts.

216. Although most of the arts subjects are not examinable, it is hoped that the experience of expressing and responding to artistic ideas and events can be made available to all children. The teaching of arts subjects in the classroom is reinforced by the provision of extra-mural cultural activities where the child is free to join clubs of his or her choice.

217. The National Art Gallery has an ongoing Schools Art Programme where children receive instruction in art at the National Art Gallery and in their schools through the Outreach Programme. Every year, the National Art Gallery holds a Schools Art Exhibition in which the best works of children's art win prizes. All these efforts have been complemented by the British American Tobacco (BAT) Workshop which is affiliated to the National Art Gallery and trains school leavers to become professional artists.

218. At the same time, the national museums and monuments has education officers stationed at each of its museums by the Ministry of Education and Culture. The museum education officers arrange lessons and conduct tours of museums and monuments by schoolchildren. The main aim is to afford schoolchildren an insight into Zimbabwe's natural and cultural heritage displayed in the museums.

219. The Mass Games Training Programme has trained over 5,000 schoolchildren to participate in mass displays to celebrate the independence anniversaries held at the national sports stadiums in April of each year.

220. All provincial agricultural shows have included mass displays as a form of entertainment. A good number of schools now put up their own mass displays to provide entertainment during their open days.

221. Leisure and cultural activities within the wider community. The child in the wider Zimbabwean community has his/her leisure time and cultural activities largely determined and controlled by the environment in which he or she lives. In the rural environment, most of the time, the child is occupied in helping the family secure the basic daily necessities of life. The male child spends most of his time herding cattle, helping his father make items such as reed baskets and wooden hoe and axe handle or in hunting or gathering wild fruits. The female child helps the mother in various household chores which include cleaning and decorating the hut(s), preparing meals for the whole family, fetching firewood from the forest, fetching drinking water from the well or stream, washing the pots and helping in the tilling of the land and the harvesting of the crops. On the whole, male children in the rural areas seem to have more time to take part in leisure and cultural activities than their female counterparts who spend most of their time helping with household chores.

222. The situation is different in the urban areas where a number of cultural facilities, though still far from being sufficient, have been provided. Libraries, concert and cinema halls, football grounds, swimming pools, etc. have been built. In the rural areas the rare cinema and concert are found at the mushrooming growth points which, more often than not, are located a good distance away from the villages. Travel to and from the growth point is both difficult and expansive. A good number of urban children have taken advantage of these recreational facilities so that an increasing number of both boys and girls are being exposed to them. Thus, children in the urban areas have the chance to go to the movies, attend a concert, go swimming, play or watch football or netball, especially during weekends.

223. A number of associations and clubs catering for children and young people have been very active. These include the Girl Guides Association, the Boy Scouts Movement, Boys and Girls Brigade, Red Cross, Church Youth Groups, etc. All these associations have as their aim the bringing out and nurturing the qualities of honesty and leadership in children and young people.

224. Furthermore, a number of artistic associations have been functioning under the umbrella of the National Arts Council. These include the Children's Performing Arts Workshop (CHIPAWO) which specializes in dance and drama and is made up of children under the age of 12. CHIPAWO aims at encouraging the

performing arts at an early age. The Zimbabwe Association of Community Theatre tries to encourage popular theatre and aims at making theatre an alternative form of employment for young school leavers.

225. The cost of attending a football match, a movie or a concert in the urban areas is often prohibitive and deters many children who want to attend from taking full advantage of these cultural activities. Thus, left with no useful entertainment, some children end up being attracted to wandering in the streets and to petty crime, alcoholism and drug abuse.

226. The cultural problem in Zimbabwe. Unfortunately, cultural subjects such as dance, drama, music, physical education and many forms of the visual arts do not have the same status in the eyes of society academic subjects have. Cultural subjects are seen as less important than academic subjects, an attitude that existed in the pre-independence era during which culture was to be enjoyed and promoted only by the few. There is therefore an obvious need to deliberately change this attitude by according cultural subjects the same status that academic subjects have. This can be achieved through examining these subjects and affording the children that are gifted in such subjects the opportunity to pursue careers related to culture. Further, the school system must recognize that every subject has an intrinsic cultural content which must be elicited during the teaching of the subject.

## V. SPECIAL PROTECTION MEASURES

Social security and child care services and facilities (art. 26 and art. 18, para. 3)

227. Social security. Zimbabwe recently established a National Social Security Scheme. The National Social Security Authority has been set up through an Act of Parliament, the National Social Security Act No. 12 of 1989. This Authority has been tasked with working out the modalities of having the nation covered by a comprehensive social security scheme. We are looking at this as a long-term programme which is not yet fully functional.

228. To help some of those who would be met by the above scheme, the principal legislation is the Social Welfare Assistance Act No. 10 of 1988. This provides for public assistance which is means tested and therefore covers the destitute, the indigent and their dependents. It clearly stipulates that people in the following categories (including their dependents) are eligible for assistance: those over 60 years of age, some of whom look after small grand-children; the handicapped and mentally ill; those who suffer chronic ill-health.

229. Assistance is provided in the form of: rent; maintenance allowance; school fees payment; free medical health; provision/procurement of special appliances, i.e. optical, orthopaedic, etc. This social welfare assistance in the form of public assistance is provided from monies appropriated by Parliament or otherwise acquired by the State. In 1994 (June to October) 153,872 children received assistance with their school fees at a cost of Z$ 26,564,197.

230. As a result of ESAP, a Social Development Fund (SDF) has been set up to alleviate the economic hardships people are faced with and the ensuing effects on their children. Non-governmental organizations have also contributed to relieving distress in the absence of a social security scheme.

231. A Drought Relief Programme was also embarked upon at the height of the drought. This complemented a programme of public assistance which could not cope as funds were limited. However, there is need to ensure that administrative mechanisms (i.e. tendering procedures) are put into place once a drought has been declared a national disaster, so that the machinery of Government can quickly implement drought relief measures.

232. All these programmes, including the SDF and Drought Relief, are administered by the staff of the Ministry of Public Service, Labour and Social Welfare. There has been extensive decentralization of services so that they reach as many people as is possible. Local authorities have also helped the officers to accomplish the task. Monitoring is accomplished through a sentinel site surveillance and a system of record keeping.

Table 20. Distribution of food money, 1993/94

| Province | No. families | Family groups | Amount |
|---|---|---|---|
| Harare | 9 896 | 48 156 | 172 624 |
| Matabeleland North | 13 290 | 58 212 | 232 856 |
| Masvingo | 719 | 2 696 | 10 784 |
| Manicaland | 1 368 | 9 044 | 36 176 |
| Mashonaland East | 852 | 5 275 | 21 100 |
| Mashonaland West | 14 880 | 52 777 | 211 108 |
| Matabeleland South | 7 116 | 29 446 | 117 784 |
| Midlands | 4 506 | 14 119 | 56 796 |

233. Some of the difficulties encountered include inadequate transport, lack of awareness of the existence of services by the community, limited personnel (there is need for more trained staff) and limited resources from which to draw.

234. Child care services and facilities. Principal legislation in this area includes the Children's Protection and Adoption Act [Chap. 33] of 1973. This Act is the cornerstone of the total protection of children from birth until they reach the age of majority. It covers neglect, ill-treatment and exploitation of young persons, removal of children to other care, contribution orders, adoptions, etc. The Act also has an important section, section 32, which deals with the establishment and registration of institutions which provide child care services and facilities. These include probation hostels and training institutes, which are wholly government institutions. Zimbabwe has four probation hostels and three training institutes. Their main purpose is the rehabilitation of the young offender. Attached to them are remand homes which temporarily house the children pending further investigations and finalization of their cases and appropriate placement.

235. Under section 32, NGOs can also establish children's homes to take in children in need of care. All the children's homes in the country are run by NGOs. There are 31 ordinary homes scattered throughout the country and 16 special homes/schools which cater for children with special needs, i.e. children with mental and physical disabilities, depending on the severity. The 31 children's homes, as of the end of September 1992, had a total of 1,254 children, while special homes had 932 children in their care.

236. With specific reference to article 18, paragraph 3, of the Convention, the Act also provides for the registration of crèches and day mothers who provide child care services while parents are at work. Unfortunately, these services require payment and are thus out of reach for many. The institutions have their own staff. To improve services, they are encouraged to undertake in-service training for the care workers.

237. Other legislation relevant to this area are the Guardianship of Minors Act and the Maintenance Act. The Guardianship of Minors Act [Chap. 34] of 1961 clearly outlines guardianship and custody of minors in the event of parents divorcing or living apart. All is done in the interests of the child to ensure parental responsibilities are not neglected and the children concerned are protected. The Maintenance Act of 1971, as amended in 1974, provides for financial support of the minor from either parent in cases of divorce, separation or illegitimacy.

238. The Department of Social Welfare checks on the institutions regularly to see if regulations and conditions of registration are adhered to. The City Health Department and the Ministry of Health and Child Welfare also monitor the activities of the institutions to ensure the safe care of the children. Most of the child care services are concentrated in urban areas.

239. Adoption of children by black parents is still rare because of traditional practices. Foster care is also very limited due to financial constraints. However, the State, with the help of NGOs, has made great strides in the provision of child care services and facilities. The relevant legislation has been strictly enforced to safeguard the welfare of children.

Children in situations of emergency

240. Refugee children (art. 22). The Zimbabwe Refugees Act covers this article. Special protection and assistance is given to recognize refugee children by the State in conjunction with the United Nations High Commissioner for Refugees (UNHCR). The Zimbabwe Government has a Refugee Unit which is staffed by professional personnel.

241. Some of the "street children" in Zimbabwe are children of Mozambican origin who have entered the country as border jumpers. As long as they have not availed themselves of the process of seeking asylum, they become the responsibility of the Department of Immigration which arranges for their return to Mozambique. However, due to the lack of infrastructure and facilities to take over these children on return, they have returned to Zimbabwe as the better alternative, thus creating a vicious circle. As a temporary measure, the Zimbabwe Government has decided to use Zimbabwean laws of protection for these children by placing them in appropriate rehabilitation centres.

242. Children in armed conflicts (art. 38). The Legal Age of Majority in Zimbabwe is 18 years. In terms of Additional Protocol I to the Geneva Conventions, a 15-year-old child can be recruited into the armed forces. Direct recruitment of children under 16 years of age into the army is prohibited by the National Service Act of 1979. The Act provides for 16 years as the lower age limit for recruitment into regular national service and 18 years for emergency national service.

243. The War Victims Compensation Act of Zimbabwe provides financial assistance to children of war victims. Those who are not covered by this Act are assisted through the Public Assistance Programme.

244. The rights and interests of persons not directly involved in hostilities are also protected by the Geneva Conventions Act of 1981 which incorporates the following Geneva Conventions of 12 August 1949 into Zimbabwe law.

(a) Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in the Armed Forces in the Field;

(b) Geneva Convention relative to the Treatment of Prisoners of War;

(c) Geneva Convention relative to the Protection of Civilian Persons in Time of War.

245. Women and children do not have the same rights to war victims' compensation as men. The Act states that if the person disabled in war is a woman or a child, and where there is no other source of support, a full pension can be awarded at the discretion of the Commissioner. The War Victims Act does not cover victims of civil wars. A future goal will be to remove discrimination against women and children in the War Victims Compensation Act.

246. Physical and psychological recovery and social reintegration (art. 39). The Children's Protection and Adoption Act [Chap. 33] protect children from any form of neglect, exploitation, abuse, torture, cruelty, degrading treatment or punishment. However, in cases where some rehabilitation is required, the victims are placed into certified or registered institutions established in accordance with the Children's Protection and Adoption Act. Rehabilitation activities ensure that the children receive appropriate treatment for their recovery and social reintegration. Difficulties lie in that some institutions are staffed by untrained personnel and, as such, these rehabilitation measures are at times not entirely effective.

Children in conflict with the law

247. Administration of juvenile justice (art. 40). Zimbabwe's Children's Protection and Adoption Act is very clear in this area. According to existing law, children in Zimbabwe are theoretically protected against any form of abuse. All persons are entitled under the Constitution of Zimbabwe to the protection of the law.

248. According to the Criminal Procedure and Evidence Act, where a minor is accused of an offence, the magistrate or presiding officer may, instead of admitting him to bail, release the accused to the person who has custody of the minor or place the accused in a place of safety in terms of the Children's Protection and Adoption Act. The Act provides for the establishment of a juvenile court to be an impartial authority. Court proceedings are not public and the Criminal Procedure and Evidence Act [Chap. 59] prohibits the publication of the identity of a minor involved in any court proceedings, and sets special provisions relating to punishment. However, due to ignorance and lack of awareness, some children are not enjoying their full rights.

249. As a result of a shortage of staff in the Department of Social Welfare, children tend to stay for too long in remand homes and there are interdepartmental delays in dealing with child welfare cases. Dialogue needs

to be enhanced between all departments that deal with child welfare cases. There is need for the State to minimize the institutionalization of children and for community-based rehabilitation to be encouraged.

250. In summary, the law and procedures are quite clear. However, the State is faced with administrative problems and a shortage of facilities and resources.

251. Sentencing of juveniles - prohibition of capital punishment and life imprisonment (art. 37 (a)). The Children's Protection and Adoption Act of Zimbabwe takes care of all issues raised in this article. Capital punishment and life imprisonment are not practised on juveniles in Zimbabwe.

252. As previously noted, there is a shortage of personnel to follow up each and every case. There is need for Government to employ more probation officers to deal specifically with child welfare cases and to encourage use of community sentences as an alternative. It was also recommended that corporal punishment on juveniles be removed completely.

253. The Criminal Procedure and Evidence Act provides for a sentence of whipping, and the Criminal Procedures Act limits this to six strokes. It is important to note that corporal punishment is only practised on boys. The courts have found that whipping is not an appropriate or fair remedy for minors. However, to date no constitutional amendment has been made.

254. Children deprived of their liberty (art. 37 (b), (c) and (d)). The Children's Protection and Adoption Act covers all the issues of this article. In practice, there is no legal aid system accessible to everyone as people have to pay for legal services. One of the main difficulties encountered is that due to limited facilities for juveniles, some of them are remanded in prisons thereby exposing them to adverse adult exploitation. However, it is the Government's policy to segregate juvenile offenders from adult offenders both in the pre-trial and post-trial stages. The Prison Service has been instructed to separate juvenile from adult offenders.

Children in situations of exploitation

255. The Government of Zimbabwe has identified the following categories of children as being at risk: children with disabilities, orphans, children in remote areas, street children, abused children, married children, refugee and abandoned children. Poverty has been found to be the underlying cause of the economic exploitation of children.

256. Economic exploitation, including child labour (art. 32). The Labour Relations act, 1985 gives little protection to working children other than specifying that contracts entered into with children under 16 years are not binding. In the past, the Children's Protection and Adoption Act stipulated that parents shall not allow children to absent themselves from school to be employed for gain or reward. However, this was discriminatory and thus repealed in 1979. In the amendment, there is provision for regulations that control, regulate or prohibit street vending by children.

257. Difficulties encountered include a lack of proper legislation on child labour. Also, the information base on the extent and nature of child labour is extremely poor. The extent to which child labour is interfering with education has been inadequately explored.

258. A seminar on child labour was organized by the International Labour Organization, in conjunction with the Ministry of Public Service, Labour and Social Welfare. It is hoped that the recommendations of the seminar will help the Government of Zimbabwe to devise ways and means of tackling the problem of child labour in a meaningful way. An inter-ministerial/inter-agency task force was set up to follow up the recommendations and implement what is accepted by the Government. A government-commissioned study called for enactment of more comprehensive legislation on employment of children and has recommended the setting up of a Child Labour Unit under the Ministry of Public Service, Labour and Social Welfare. The enactment of legislation will help define what is permissible, while setting out minimum employable ages. As set out in the study, the minimum age for admission to employment may be set at 14, a higher minimum age for admission to hazardous employment may be set at 16, while a lower minimum age for light work carried out under regulated conditions may be set at 12.

259. Drug abuse (art. 33). The Children's protection and Adoption Act protects the child from all forms of abuse and exploitation. The Drugs Control Council of Zimbabwe is also trying its best to see that children are not exposed to drugs. There is a rule that no pharmacist-initiated drug can be sold to anyone below 18 years. According to the provisions of the Children's Protection and Adoption Act, probation officers are empowered to remove children from prohibited areas. However, one of the difficulties in enforcement has been a shortage of probation officers to go around prohibited areas.

260. Sexual exploitation and sexual abuse (art. 34). The Children's Protection and Adoption Act asserts that it is a criminal offence to allow a child to live in or frequent a brothel, to cause a child to be engaged in prostitution or immoral acts, to seduce a child or to allow a child to consort with someone engaged in prostitution. The same Act also makes it an offence to adopt a child for the purposes of sexual exploitation and provides legal controls where a parent adopts a child of the opposite sex with less than 25 years' difference between the parent and the child.

261. Solemnizing of a minor's marriage without the written consent of the minor's legal guardian is prohibited under the Marriage Act [chap. 37]. Further, the African Marriages Act provides that any agreement for the marriage of a girl under the age of 12 years to be null and void and any person who enters into such an agreement is guilty of an offence.

262. Under the Criminal Law Amendment Act it is an offence to have sexual intercourse with a girl under the age of 16. A person contravening the above provision may on conviction undergo a term of imprisonment. Unfortunately, some cases of sexual exploitation and abuse are never reported to the relevant authorities. This is especially true in cases which take place in the family or are perpetrated by someone close to the family. Those cases which are reported show that about 50 per cent of all reported rape cases in Zimbabwe

involve girls under the age of 16 years. There are also common law offences, such as rape, indecent assault, sodomy and abduction for purposes of sexual abuse.

263. Goals for the future will include raising the minimum age for marriage to 18 years across the board.

264. Other forms of exploitation (art. 36). The Children's Protection and Adoption Act [chap. 33] protects all children in Zimbabwe from all other forms of exploitation. However, enforcement mechanisms are weak due to the shortage of personnel and resources in the Department of Social Welfare. Awareness in both children and their parents of their legal rights is poor and socio-economic factors at times lead children into exploitative situations in order to earn a living. Implementation of the protective measures in the Children's Protection and Adoption Act need to be strengthened by provision of adequate personnel and resources. Education of the community to assist in the protection and policing of children's rights is also needed.

265. Sale, trafficking and abduction (art. 35). Under common law, the removal of a child from his or her parents or guardian who holds custody without that person's consent is a criminal offence. Where an abduction or a kidnapping has occurred, the country uses extraterritorial laws or embassies to retrieve the victim.

266. The Children's Protection and Adoption Act prohibits adoption for financial gain. Zimbabwe is not a member of the Hague Convention on Civil Aspects of International Child Abduction. As such, it may be faced with difficulties in handling cases which may need other countries' cooperation. Unfortunately, cases of abduction and kidnapping are now on the increase in Zimbabwe with the breakdown of families and reduced economic status due to the transitional effects of ESAP.

267. Children belonging to a minority or an indigenous group (art. 30). This right is provided for in the constitutional right to freedom of expression, association and religion discussed in the above articles, subject to the public interest and to parental discipline. For example, in Zimbabwe, the interests of minority groups such as Vendas and Tongas are being considered. It is the Government's intention that children of minority groups should be taught in their mother tongue from grade 1 to grade 3; the cost of book production is the inhibiting factor. Concerted efforts are being made to produce radio programmes catering for these minority groups. Within the Zimbabwe context, the children who face the most difficulties are those in remote areas and in commercial farming and mining areas.

## VI. IMPLEMENTATION AND MONITORING OF THE CONVENTION ON THE RIGHTS OF THE CHILD

268. Two years after ratification of the United Nations Convention on the Rights of the Child, the Government of Zimbabwe tasked the Ministry of Health and Child Welfare to coordinate the report on the Convention. In preparing the report it has become clear that there is no mechanism for ensuring the coordinated implementation of the Convention by the Government, the private sector, communities and NGOs. It is thus recommended that a structure for the monitoring and implementation of the Convention on the Rights of the Child be established, with the following objectives:

(a) To ensure the coordinated implementation of programme and enactment of legislation in order to meet our obligations as specified in the articles of the Convention;

(b) To ensure that all available resources and sectors are mobilized to meet the obligations as set out in the Convention;

(c) To monitor the progress of the country in meeting its obligations as specified in the Convention, by establishing indicators for monitoring the progress of specific sectors;

(d) To produce a report on the "Rights of Children", to be tabled in Cabinet every year;

(e) To work with all sections of the population to ensure that the Convention on the Rights of the Child is well understood, i.e. by politicians, church leaders, youth groups, women's groups, communities, traditional leaders, ministries of the Government, the private sector and so on.

269. The first report on the Convention has been coordinated by the Ministry of Health and Child Welfare; however, considering the range of demands and responsibilities involved in the preparation of the report, an Inter-Ministerial Committee comprising the relevant sectoral ministries was set up to produce the report. These were the Ministries of Justice, Legal and Parliamentary Affairs; Education and Culture; Information, Posts and Telecommunications; Public Service, Labour and Social Welfare; Foreign Affairs and Finance. The Planning Commission, the President's Office, non-governmental organizations and the Child Survival and Development Foundation also took part along with other groups including human rights organizations and the university.

270. The Convention on the Rights of the Child is essentially a document that demands the mobilization of a number of sectors in order to meet the obligations set out in the various articles of the Convention as fulfilment of many of the rights, i.e. education and health, require the involvement of several ministries. For this reason the Convention has a very strong link

with the Zimbabwe National Programme of Action for Children and will rely to a very large extent on indicators developed for the NPA to monitor many aspects of the Convention.

271. At present, however, the Ministry with the responsibility for the legal welfare of children, through various pieces of legislation, i.e. the Child Protection and Adoption Act, is the Ministry of Public Service, Labour and Social Welfare. However, there is an Inter-Ministerial Committee on Human Rights and International Law, chaired by the Ministry of Justice, Legal and Parliamentary Affairs, which has the responsibility of ensuring that all sectors comply with the obligations as set out in the conventions that have been ratified by the Government. This body, however, is very limited in its membership and only includes the following ministries and departments of the Government: Ministry of Justice, Legal and Parliamentary Affairs, Chairperson; Ministry of Foreign Affairs; Ministry of Home Affairs; President's Office; Attorney-General's Office; Department of Women's Affairs; Department of Social Welfare; Ministry of Defence.

272. Given that the Inter-Ministerial Committee on Human Rights and International Law relies on sector ministries and NGOs to monitor the situation of human rights, it has been recommended to enlarge this Committee to include the following ministries and NGO bodies: Ministry of Health and Child Welfare; Ministry of Education and Culture; Ministry of Higher Education; Ministry of Public Service, Labour and Social Welfare; Relevant NGOs; National Planning Commission in the President's Office.

273. With reference to the monitoring of the Convention on the Rights of the Child, we would like to suggest the following:

(a) That the Ministry of Public Service, Labour and Social Welfare set up an Inter-Ministerial Committee to monitor the implementation of the Convention and that this committee has the role of advocating and mobilizing resources to put into effect the articles of the Convention. This committee would also include members from the NGO community. The strength of an inter-ministerial committee, based in the Ministry of Public Service, Labour and Social Welfare, is that the Ministry has the political and legal responsibility for the welfare of children;

(b) It is suggested that the current Inter-Ministerial Committee on Human Rights and International Law, based in the Ministry of Justice, Legal and Parliamentary Affairs, be enlarged to include more sector ministries and NGOs, and also set up mechanisms through sector ministries to monitor the measures to put into effect the articles of the Convention. The changing role of the Ministry of Justice, Legal and Parliamentary Affairs, i.e. in terms of its role in reviewing legislation, is certainly one which needs to be encouraged in this context, and the Ministry of Justice is a neutral party which could foster greater cooperation amongst ministries in reviewing conventions;

(c) That the secretariat created to monitor the implementation of the Zimbabwe National Programme of Action for Children in the Ministry of Health

and Child Welfare should have its terms of reference broadened to include monitoring aspects of the Convention on the Rights of the Child, particularly with respect to articles related to the NPA goals, health, education and living environment. We would thus recommend that the Inter-Ministerial Committee on Human Rights continue to monitor implementation of all human rights instruments, but that the more detailed monitoring of the Convention on the Rights of the Child must be vested in the Ministry of Public Service, Labour and Social Welfare, which is responsible for child welfare. The Minister of Public Service, Labour and Social Welfare would thus have the responsibility of preparing the yearly report to Cabinet on the measures taken to effect the various articles of the Convention.

## VII. DEVELOPING THE REPORT AND CONTRIBUTORS

274. The overall responsibility of the Zimbabwe Report on the Convention on the Rights of the Child lay with the Government of Zimbabwe, with the Ministry of Health and Child Welfare heading the exercise. In October 1992, a committee made up of the following ministries and organizations was set up: Ministry of Health and Child Welfare (Chairperson); Ministry of Foreign Affairs; Ministry of Justice, Legal and Parliamentary Affairs; Ministry of Public Service, Labour and Social Welfare; Ministry of Education and Culture; Ministry of Higher Education; Ministry of National Affairs, Employment Creation and Co-operatives; Ministry of Information, Posts and Telecommunication; non-governmental organizations of Zimbabwe; Child Survival and Development Foundation.

275. This committee was further subdivided into subcommittees dealing with the following areas:

(a) Definition of the Child, General Principles and Civil Rights and Freedoms;

(b) Family Environment and Alternative Care;

(c) Basic Health and Welfare;

(d) Education, Leisure and Cultural Activities;

(e) Special Protection Measures.

276. A report had previously been compiled as a brief for the members of the delegation that attended the United Nations World Summit for Children held in New York in 1990 and this needed updating. Each subcommittee was tasked with the responsibility of preparing background work on the articles specified under the Convention in relation to the various sections, as well as the principal legislative, judiciary and administrative measures, factors and difficulties encountered, progress achieved in implementing the provisions of the Convention, implementation priorities and specific goals for the future according to their areas of expertise.

277. By April 1993, the working groups had made all their submissions. The Chairperson of the core working group tasked members of this group to review all legislation contained in the reports in relation to the provisions of the Convention, report on progress, constraints and problems in the implementation, report on future action plans for monitoring and evaluation and those put in place and, finally, report on indicators for monitoring and evaluating.

278. In May 1993, a meeting was convened to gather feedback from members of the core group which had been tasked with looking into the areas of the reports submitted by the various subcommittees. It was decided that reports from the subcommittees contained all the necessary information and indicators. However, it was felt that the only major problem encountered in the

preparation of the report was that there were no standards for monitoring and evaluating the reports on the legislative matters and that there was no means by which such monitoring could be done.

279. It was noted that there was a need for a body or a committee to monitor and evaluate progress made in terms of the Convention. This committee would be made up of government departments and non-governmental agencies working to achieve the same goals; this would ensure that an independent and objective approach would be taken.

## List of statutory annexes*

1. The Children's Protection and Adoption Act
2. Guardianship of Minors Act
3. Maintenance Act
4. Legal Age of Majority Act
5. Constitution Citizenship of Zimbabwe Act
6. Births and Deaths Registration Act
7. National Family Planning Act
8. Termination of Pregnancy Act
9. Concealment of Birth Act
10. Infanticide Act
11. African Marriages Act
12. Marriages Act
13. Criminal Law Amendment Act
14. Criminal Procedure and Evidence Act
15. Medical and Dental Allies Professions Act
16. Education Act
17. Labour Act
18. Labour Act on Maternity Benefits
19. Drugs Control Act
20. Censorship and Entertainment Control Act
21. Refugee Act
22. National Service Act
23. War Victims Compensation Act
24. Geneva Conventions Act
25. Disabled Persons Act
26. Constitution of Zimbabwe
27. Public Health Act

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* Available for consultation in the files of the secretariat.

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